

the JOURNAL

the MICHIGAN STATE MEDICAL SOCIETY

Volume 46

Number 8

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Red Letter Days

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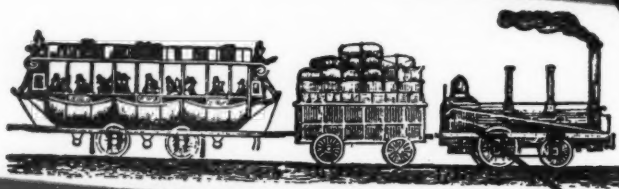


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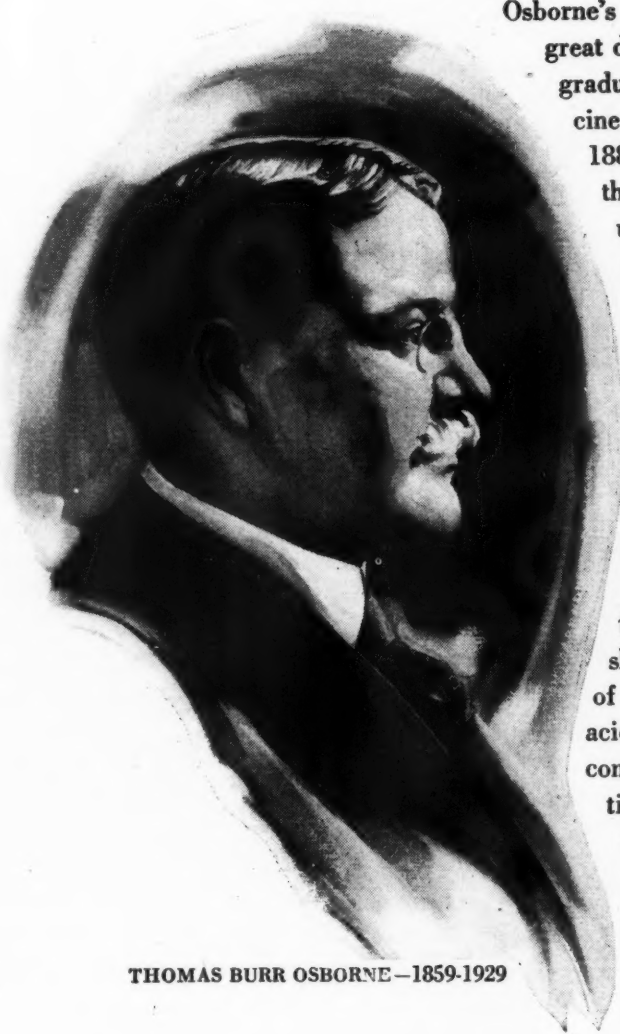
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Men and Amino Acids



THOMAS BURR OSBORNE—1859-1929

Osborne's forty years of research effort contributed a great deal to our modern knowledge of proteins. On graduating from Yale University, he studied medicine for a year, then took a Ph.D. in chemistry; in 1886 he began his lifework as a staff member at the Connecticut Agricultural Experiment Station under Professor S. W. Johnson. His work on vegetable proteins was presented in an important series of papers dealing with the proteins of no less than 32 edible and other seeds. He revealed the inadequacy of characterizing protein preparations solely on the basis of their elemental composition; indicated that most of the known proteins could be classified by methods of amino acid analysis and by their physical properties; demonstrated that different types of plant and animal cells have distinctive protein patterns. With Mendel, he showed that the wide variations in nutritive value of different proteins were related to their amino acid content, and introduced the protein efficiency concept, about which much work in protein nutrition is now centered. With H. Gideon Wells, he investigated anaphylactogenic effects of vegetable proteins. The American Association of Cereal Chemists founded the Thomas Burr Osborne gold medal in recognition of his valuable work in cereal chemistry. He ranks, with Fischer and Kossel, among the greatest pioneers of protein research.

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AUGUST, 1947

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883

You and Your Business

EMIC ENDED

The Emergency Maternal and Infant Care Program was liquidated by Congress on July 1, 1947. This wartime federal social experiment that snowballed into a taxpayers' nightmare was looked upon by many persons as the dress rehearsal of complete state medicine. Its flaws were many, its greatest value was the attention it spotlighted on the inadequacies, dangers, and especially the insidious encroachments of socialized medicine.

As a result of action taken by Congress, the following policy on eligibility for Emergency Maternity and Infant Care is announced:

The Michigan Department of Health may make payment for medical, hospital and nursing maternity care of the wife of an enlisted man in one of the eligible pay grades *only* if the wife becomes pregnant prior to July 1, 1947. Since pregnancy rarely exceeds 280 days, the Michigan Department of Health will not authorize payment for maternity care if the baby is expected after April 4, 1948. The expected date of confinement as designated by the attending physician on the application will be used in determining eligibility.

If the eligible mother is delivered on or before April 4, 1948, her infant will be eligible to receive protective treatments against diphtheria, whooping cough and smallpox, and medical, hospital and nursing care for illness until he is one year of age. Therefore, the last authorizations to be made under the EMIC program will be for care of illnesses given eligible infants on April 4, 1948.

We will appreciate having physicians submit reports and invoices for services rendered promptly so that cases kept open for payment may be closed.

GOLDIE B. CORNELIUSON, M.D.,

Director Bureau of Maternal and Child Health

* * *

CONGRESS CLAMPS ON PROPAGANDISTS IN GOVERNMENT

The U. S. House of Representatives Committee on Expenditures in the Executive Departments, under the Chairmanship of Congress Harness of Indiana, has begun an investigation of activities of government employes in what they characterized as propaganda.

The first witnesses called were two top officials in the United States Public Health Service. They were questioned as to their authority for appearing at certain workshop conferences, which allegedly encouraged socialized medicine, held

during the last year in different places in the United States. They were asked to describe what occurred at these conferences and what part they took. The Committee announced that it will continue its investigation.

* * *

STATE VS. COUNTY SCHEDULES

The 1947 amendments to the Afflicted-Crippled Children Acts, which adjust the top limitation on medical fees to ninety dollars did *not* eliminate the county contractual clause.

This clause limits the State's payments for medical-surgical care of afflicted and crippled children to the fee schedule fixed by the individual county. Example: If a county pays ninety dollars or more for medical or surgical care of a county ward, the State will pay ninety dollars for service to an afflicted or crippled child in that area; however, if a county pays less than ninety dollars, the State will pay the doctors of medicine in that area no more for care of State patients than is allowed by the county. In some counties of Michigan, therefore, the recent favorable amendments to the Crippled-Afflicted Children Laws will have no salutary effect on the doctors who practice in those counties.

The MSMS House of Delegates has urged for several years that all component county and district medical societies, whose rates and schedules for the care of governmental wards are below costs, should make every effort to negotiate necessary revisions in schedules of benefits so that individual members of these societies are not penalized by being forced to perform services at a financial loss and far below the fees indicated in the Uniform Fee Schedule for Governmental Agencies, adopted by the MSMS House of Delegates in September, 1945.

* * *

PRESENTATION OF SPECIAL MEMBERSHIPS

The 1946 MSMS House of Delegates set up the following procedure for presentation of special memberships (Emeritus, Life, Retired, Associate, Honorary) to the House of Delegates annually: Recommendations for special memberships shall be

(Continued on Page 886)



WHENEVER NUTRIENT INTAKE MUST BE AUGMENTED

The occasion frequently arises when the intake of all essential nutrients must be increased, as in general under-nutrition, following recovery from infectious diseases and surgical trauma, and during periods of anorexia when food consumption is curtailed.

In the general management of these conditions, the dietary supplement made by mixing Ovaltine with milk can find wide applicability. Delicious in taste, it is enjoyed by all patients, young and old. Its low curd tension

and easy digestibility impose no added gastrointestinal burden on the patient. This nutritious food drink supplies all the nutrients considered essential for a dietary supplement: biologically adequate protein, readily utilized carbohydrate, easily emulsified fat, B-complex and other vitamins including ascorbic acid, and essential minerals. The recommended three glassfuls daily virtually assures normal nutrient intake when taken in conjunction with even a fair or average diet.

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CALCIUM.....	1.12 Gm.	VITAMIN C.....	30.0 mg.
PHOSPHORUS.....	0.94 Gm.	VITAMIN D.....	417 I.U.
IRON.....	12.0 mg.	COPPER.....	0.50 mg.

*Based on average reported values for milk.

PRESENTATION OF SPECIAL MEMBERSHIPS

(Continued from Page 884)

presented to the Chairman of the Committee on Special Membership prior to the first meeting of the Annual Session of the House of Delegates for presentation *in toto* by the Committee Chairman to the House. (The first meeting of the 1947 House of Delegates will be held on Sunday, September 21, 1947, at 2:00 p.m., in the Ballroom of the Pantlind Hotel, Grand Rapids). The Secretary of the House of Delegates, L. Fernald Foster, M.D., will collect the resolutions and recommendations and transmit them to the Committee on Special Memberships.

* * *

RAILROAD EMPLOYEES' SICKNESS INSURANCE PROGRAM

A cash sickness benefit program for railroad workers began operating throughout the nation on July 1. These benefits were added under the 1946 amendments to the Railroad Unemployment Insurance Act and provide partial compensation for wage loss due to disability on the same basis as that due to unemployment. The system is administered by the Railroad Retirement Board.

Approximately 45,000 railroad employees in Michigan will be protected by the sickness insurance program.

An estimated \$800,000 in sickness benefits will be paid out in Michigan in the year beginning July 1, 1947.

Only doctors of medicine are authorized to complete statements of sickness, required before claims can be paid.

Benefits will be paid to the claimant in cash; the normal physician-patient relationship will not be disturbed.

All disabilities which prevent railroad employees from working, regardless of how or where they occur, are covered under the program.

Detailed information may be secured by writing the District Office of U. S. Railroad Retirement Board, 200 Lawyers Bldg., 139 Cadillac Square, Detroit 26, Michigan.

* * *

PROPOSED AMENDMENTS TO MSMS CONSTITUTION

Presented to 1946 House of Delegates for consideration by the 1947 House of Delegates

1. Re Life Membership:

WHEREAS, Article III, Section 8 of the Constitution of the Michigan State Medical Society, re "Life Members" does not adequately serve the best interests of the Michigan State Medical Society and does not confer upon its members the honor intended; therefore be it

RESOLVED, That Section 8 of Article III, of the Michigan State Medical Society Constitution be deleted.

2. Re Life Membership:

WHEREAS, Section 8 of Article III of the Constitution is originally intended to recognize period of service and membership in the Michigan State Medical Society and

WHEREAS, Section 6 requires fifty years in the practice of medicine regardless of attained age of the individual, and

WHEREAS, Ten years of membership, regardless of age, is a relatively short period of membership, therefore be it

RESOLVED, That Section 8 of Article III be amended to read: "A physician who has attained the age of seventy years or more and maintained an active membership in good standing for twenty-five years or more."

3. Re Emeritus Membership:

Amend Article III, Section 6, as follows:

Emeritus Membership—Any physician who has been in practice fifty years, or has attained the age of seventy years, and who has maintained a membership in good standing for twenty-five years, may, upon written application, and upon recommendation of his county society, and by election in the House of Delegates, become a member emeritus. A member emeritus shall be required to pay annual dues to the State Society not in excess of ten dollars and be relieved of paying all assessments. He shall be entitled to all the benefits and privileges of membership.

Delete Section 8 of Article III, which deals with life membership.

4. Re Life Membership:

Amend Article III, Section 8, as follows:

Life Members—A physician who has attained the age of seventy years or more and maintained an active membership in good standing for twenty-five years or more in the State Society may, upon his signed application, filed in the office of the

(Continued on Page 888)



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PROPOSED AMENDMENTS TO MSMS CONSTITUTION

(Continued from Page 886)

State Society, and approved by his County Society at a regular or special meeting thereof, be transferred to the Life Members' Roster by election in the House of Delegates. He shall have the right to vote and hold office but shall pay no dues to the State Society. Requests for transfer shall be accompanied by certification by the Secretary of the State Society as to years of membership in good standing.

* * *

"TELL ME, DOCTOR"

"The Michigan State Medical Society is recognized as one of the most progressive in the nation. The latest step in its effort to bring the doctors and the public closer together is a five-day-a-week radio program on CKLW, Monday through Friday at 9:45 a.m. It's called "Tell Me, Doctor," and features informal chats on the latest doings in medicine."—*The Town Crier* (MARK BELTAIRE) in *Detroit Free Press*, June 24, 1947.

* * *

RURAL GLEANINGS

For 2,000,476 rural inhabitants of Kentucky in 1946 there were only 939 doctors. Of these physicians, 458 were over sixty years old, and some of them closer to eighty. No young ones were taking the places of those retiring. No new doctors were entering the field.

A campaign in Kentucky has raised \$100,000 to provide scholarships for medical students who will pledge to serve a stipulated time in rural areas.

Even if the Roosevelt dream of a chain of small hospitals throughout rural America were realized, this would not in itself guarantee adequate medicine to farm communities. Doctors gather in urban areas not only because of superior medical facilities, but also because they make more money there. So long as the supply remains drastically limited, those who can afford to pay more will get the service.—Editorial, *The Nashville Tennessean*, May 14, 1947.

Many rural communities are experiencing a shortage, both in quantity and quality, of medical assistance. The young men specialize and go to the city. The rural community's health becomes the responsibility of a few old-timers.

We don't have the prescription that will save the family doctor from threatened extinction. Group practice, maybe. But we are sure there is a real need today for the kind of doctor who used to be able to bring an anxious household a feeling of reassurance the moment he came in the door.—Editorial, *The Star*, Elizabethton, Tenn., April 27, 1947.

TONSILLECTOMY AND POLIOMYELITIS

A statistical survey indicates that poliomyelitis is relatively infrequent following tonsillectomy. The study carried out at Manhattan Eye, Ear and Throat Hospital on 11,204 tonsillectomy patients over a seven-year period revealed but four cases of poliomyelitis following tonsillectomy. None were of the bulbar type. The widespread alarm on the part of the public, and shared by doctors in some communities, is unfounded on the basis of our statistics.

There is some evidence of an experimental nature which tends to make one believe that there is a casual relationship. Sabin showed that injection of the virus into the tonsillopharyngeal region of monkeys produced poliomyelitis. In thirteen of the sixteen monkeys thus treated, she found histologic evidence of involvement of the nuclei of the cranial nerves, and concluded from these experiments that the poliomyelitis virus entered and reached the nuclei of the cranial nerves through the peripheral nerves supplying the tonsillopharyngeal area.

Yet when she attempted to produce poliomyelitis in monkeys by painting the virus over the operated areas of recently removed tonsils, she was unable to produce the infection. Two other investigators, Toomey and Krill, removed the tonsils of six monkeys and then flooded the operated regions with 10 per cent virus suspension for five days. Again, these monkeys resisted experimental infection.

Recently, Holtman reported that the effect of summer heat on the body chemistry may increase susceptibility to poliomyelitis. He has shown by experiments on mice that the ones maintained in summer heat temperature began showing symptoms and dying as early as the 5th day after inoculation with poliomyelitis virus, whereas the ones kept in a temperature around 55° F. showed no symptoms until the eleventh or thirteenth day.

To determine the role of tonsillectomy in a casual relationship to acute poliomyelitis, one must also consider the attendant surgical shock and the effects of anesthesia. These factors, regardless of the nature or site of operation, might be sufficient to disturb the equilibrium of host and virus. General anesthetics are capable of producing anoxia of the central nervous system. It has been similarly established that the oxygen requirement of the central nervous system is approximately 30 times that of other tissue of the body. Anesthesia, through the production of anoxia, might in itself be sufficient cause for disturbance of the host-virus relationship and capable of precipitating severe attacks of infantile paralysis.

Owing to the importance of this subject of tonsillectomy and poliomyelitis and since there is a diversity of opinion among physicians, the writer suggests a nationwide survey be carried out by the American Laryngological, Rhinological and Otological Society. He believes that such a survey will show no causal relation between tonsillectomy and poliomyelitis. A favorable report, countrywide in scope, will do much to allay the fears of the public which are now widespread.—DANIEL S. CUNNING, M.D., NEW YORK. Condensed from *Annals of Otology, Rhinology, and Laryngology*, 55:583-590 (Sept.) 1946, in *Digest of Treatment*, June, 1947.

(Continued on Page 890)

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(Continued from Page 888)

DEPENDENTS OF DECEASED VETERANS

The Veterans Administration reports that nearly 879,000 dependents of 557,000 deceased veterans of all wars and peacetime service are receiving compensation and pension checks from the Veterans Administration at the rate of over \$32,000,000 a month; 396,000 are dependents of deceased World War II veterans. Of these, all but 3,525 are receiving compensation as the result of service-connected death of the veterans; 363,000 are beneficiaries of deceased World War I veterans. Only 96,000 of these receive benefits resulting from service-connected deaths. The rest are being compensated in cases of veteran deaths which did not result from service in the armed forces. The rolls also include 78,000 dependents of deceased Spanish-American War veterans, 19,000 from the Civil War, 2,345 from the Indian wars, 47 from the Mexican War and nearly 20,000 dependents of veterans who died in peacetime service. Of the dependents 372,000 are widows, 261,000 are children and 246,000 are parents of deceased veterans.—*JAMA*, June 14, 1947.

BLUE SHIELD ADVANCES

On June 1, 1947, Blue Shield took an important step forward. On that date its present program of surgical and obstetric benefits in the hospital was extended to include medical (nonsurgical) benefits in the hospital and surgical and obstetric benefits outside the hospital. At the same time, a new schedule of fees for services rendered to holders of Blue Shield policies became effective.

Undoubtedly the latter will receive the utmost attention and a certain amount of criticism, particularly from those participating physicians who are surgeons. The schedule is the result of careful study and of many time-consuming meetings of the committees appointed to prepare it. The committees were composed of specialists in their various fields, who agreed that Blue Shield fees should not be based on the customary value of a specialist's services but on the ability of individuals and families in the under-income group to pay for such services. Much consideration was given to the relative difficulty of procedures not only within the specialties but also between the specialties, with the result that procedures of comparable difficulty in, for example, ophthalmology and urology were assigned similar fees so far as it was possible to do so. At first glance the level of fees may seem low, but when it is remembered that they apply to low-income patients, many of whom were previously medically indigent and to patients who were formerly poor credit risks, their adequacy is more easily visualized. It should also be recognized that the schedule applies on a state-wide basis.

With nearly 600,000 persons covered, Blue Shield is now the second largest and one of the most prosperous medical-care plans in the Nation, and much of its success is attributable to the fact that physician participation, originally in the neighborhood of 50 per cent, has rapidly climbed to its present level of over 90 per cent. The Blue Shield Board of Directors, made up of one-third physicians and two-thirds lay persons, is

elected by the Executive Committee of the Council of the Massachusetts Medical Society, and before any rules or regulations affecting medical matters can be implemented they must be approved by the Executive Committee. Furthermore, in each district medical society there is a Blue Shield Professional Service Committee, through which the practicing physician can make his voice heard.

The ultimate success of Blue Shield rests primarily on the degree to which the medical profession, collectively and individually, participates. Because of the overwhelming importance of this venture, every physician who is interested in maintaining the voluntary approach to the problem of the costs of medical care and who is not yet a participant should request that he be supplied with an application form.—Editorial, *The New England Journal of Medicine*, June 12, 1947.

THE REGIONAL BOARDS

An analysis of the membership of the Regional Hospital Boards in England and Wales, prepared by the Secretary for the Association Council, shows that for the 14 Boards 85 B.M.A. nominations were made, of which 27 were accepted; 101 other medical members were appointed, making a total of 128 medical members, or just above one-third of the total membership of the Boards. In other words, there is on each Board an average of nine medical members, two of whom are nominees of the Association. Five of the Boards—Manchester, Liverpool, Wales, East Anglia, and South-east Metropolitan—have only one B.M.A. nominee. The Board which has the highest number of medical members—13—is the North-west Metropolitan; the Board with the lowest number—7—is East Anglia. The total membership of a Board varies from 22 to 32. A number of Branches and Divisions of the Association have sent forward resolutions of protest at the inadequacy of the accepted number of B.M.A. nominations.—*British Medical Journal*, Aug. 2, 1947.

STOP—LOOK—LISTEN

STOP telling the patient there is nothing wrong with him but nerves—Don't say: Go home and forget it.

LOOK for the facts as the patient sees them.

LISTEN attentively to patient's story.

An inappropriate remark by the general physician to the emotionally sick person is more dangerous to the patient than the bad slip of a scalpel in the hands of the surgeon.

Psychoneuroses if promptly and properly treated are as curable as other disorders of health.

Psychoneuroses cannot be feigned or faked any easier than can heart disease, and the psychiatrist and the neurologist can detect that faking as easily as the heart specialist can detect feigning of heart disease.

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FOR OPHTHALMIC USE: ¼% in low surface tension, aqueous
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AUGUST, 1947

Say you saw it in the Journal of the Michigan State Medical Society

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American Medical Association Meeting

This year's meeting of the American Medical Association was the centennial year, and every feature emphasized that fact. The House of Delegates convened Monday, June 9, 1947. One of the most important features of the meeting was the Report to the Committee on National Emergency Medical Service just completed by Frank G. Dickinson, Ph.D., Director of the Bureau of Economic Research. During November and December, 1946, 50,681 copies of the Postwar Questionnaire were mailed to former medical officers of the Army, Navy, U. S. Public Health Service and Veterans Administration. Of these, 1,244 were returned for incorrect address, leaving 49,457 physicians queried. 26,168 were returned but 150 were unusable, so the survey covers 26,018 or 53 per cent. 20,001 were from former Army Personnel, 5,727 from the Navy, 30 from former Public Health officers, 60 from those who had served in the Veterans Administration, and 200 from those of mixed service, that is, two or more of the services.

Army and Navy physicians who served in World War II had time on their hands while doctors who remained at home during the war years were overworked.

"Navy doctors were more idle than Army doctors only because they had fewer nonprofessional duties," the report shows. "During combat service they were busy only 71 per cent of their time, gaged by civilian standards, of which 51 per cent was in the performance of professional duties and 20 per cent in the performance of nonprofessional duties."

Army medical officers estimated that under the same conditions they were occupied with professional duties 50 per cent of the time, and 30 per cent with nonprofessional duties. During non-combat periods, navy doctors were busy with professional duties 40 per cent of the time and with nonprofessional duties, 16 per cent; army doctors reported 39 per cent of their noncombat time was occupied with professional duties, 23 per cent non-professional.

In contrast to this report, the analysis of 2,322 replies to a questionnaire sent to a random selection of physicians who remained in civilian practice during the war years showed that they had

treated 76 per cent more patients in 1944 than in 1941.

Comparisons between Army and Navy doctors revealed that the average Army doctor served 42 months as against 36 months for the average Navy doctor.

The report said in part: "A smaller percentage of Navy doctors, 11, were general practitioners before entering military service than Army doctors, 17; likewise fewer Navy doctors were part-time (18 per cent) and more (33 per cent) were full-time specialists; also more (20.3 per cent) were members of American boards. The replying Navy doctors slightly outranked the replying Army doctors, and slightly more of them spent their entire or longest period of service in North America. A larger percentage (60) Army than Navy spent more time in hospitals than in dispensaries and other types of service.

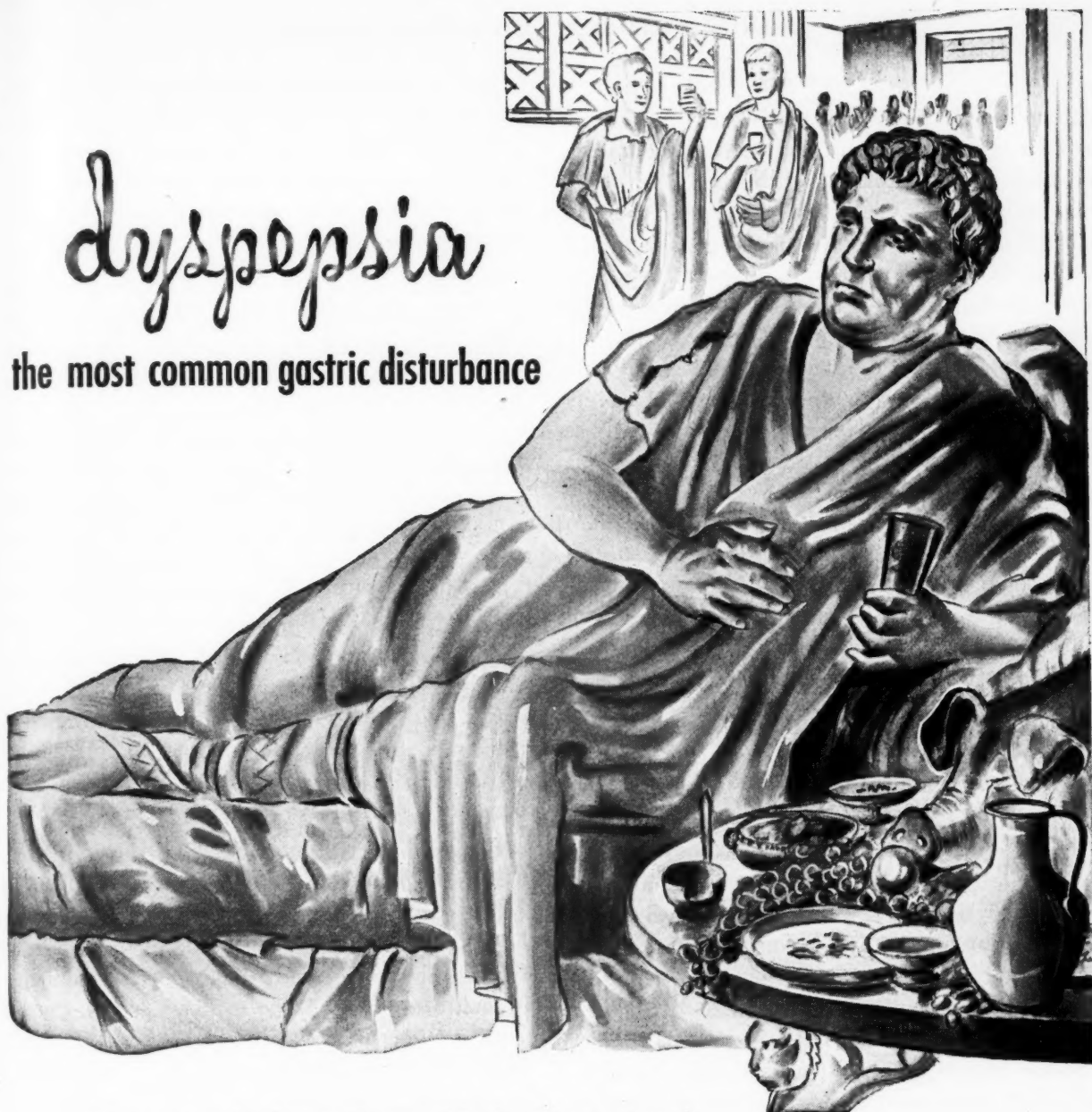
"Doctors were asked to estimate the number of physicians actually needed in their units; Army replies averaged 72 per cent and Navy replies 70 per cent, reflecting consideration of 'peak load' requirements. The general conclusion of the survey is that considerably more doctors were inducted into the armed services than were needed in the opinion of the doctors themselves, although some question may be raised concerning the competence of humble doctors in the ranks to measure military necessity as to both time and nonprofessional duties. Replies from so many doctors give weight to these criticisms—the wastage of medical skills.

"Both Army and Navy doctors agreed that professional 'on-the-job' training was the most useful feature of their training, and that an ideal training program should stress more medical training, both general and in the specialized fields of military medicine. Neither Army nor Navy doctors were enthusiastic about their assignments, although Navy doctors were slightly better satisfied. Forty-eight per cent of the Navy doctors reported that they were rotated in assignment, and only 22 per cent Army doctors. Apparently this difference is not due entirely to the inherent differences between the two branches of the service. A question relating to how medical personnel could have been

(Continued on Page 894)

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AUGUST, 1947

Say you saw it in the *Journal of the Michigan State Medical Society*

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used more effectively if it was wasted in his unit brought replies which stressed better assignments, reduction in the number of doctors and fewer nonmedical duties, the latter being stressed more by Army than by Navy doctors. Suggestions regarding assignment of medical officers in the event of another national emergency revealed that more consideration of age and qualifications, assignment according to actual need, rotation of duties, and rank and promotion according to professional ability were the most popular remedies. In rating efforts to utilize their professional skills, the replies indicate that the doctors thought these efforts only moderately successful, even less for Army than for Navy. The replies indicated reasonable success in getting medical publications to the doctors, although, of course, Navy doctors had less trouble with transportation and received the journals more regularly. Army doctors reported more teaching clinics and more medical meetings in their theatres than Navy doctors."

In conclusion the report analyzed what the doctors wanted in case of another national emergency.

"What they want must surely be a bold, courageous, forward-looking program and not one which looks backward toward the last war," the report said, adding: "They want a public-spirited organization, representing the profession, established and implemented in the hope that it can help to prevent the mistakes of World War II. They want the limited supply of medical skills carefully and wisely distributed so as to attain the highest standards of medical care for civilians and military personnel in the event of another national emergency. They doubt that 60 per cent of the nation's physicians could provide effective medical care for the civilian population in the event of an atomic war."

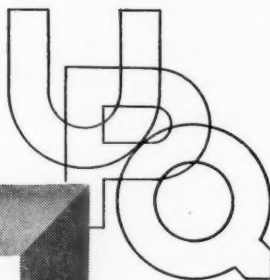
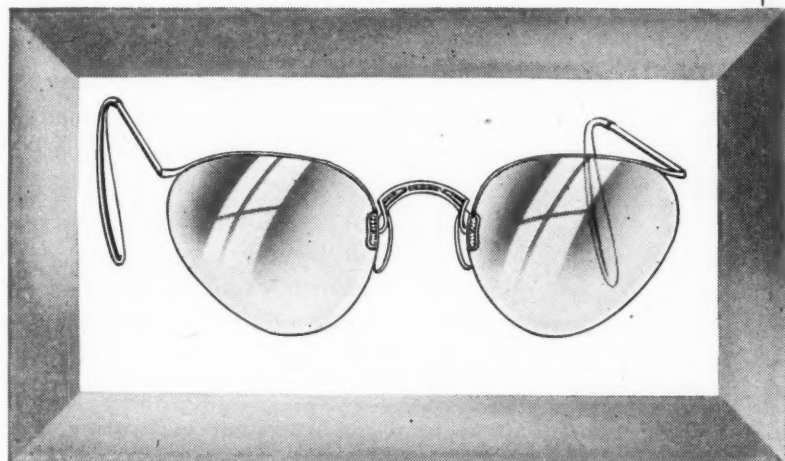
"In the second place," the report continued, "the former medical officer wants the highest officials in Washington to ask the Secretary of War and Secretary of Navy to review their organizational tables and procedures in order to prevent a recurrence of (1) the medical overstaffing of units, (2) wasting of the time of doctors of medicine in the performance of nonprofessional duties which could have been performed effectively by nonmedical personnel, (3) removal of a needlessly excessive number of doctors of medicine from civilian hospitals and practices, (4) the rather widespread

failure to make assignment and provide for rotation of doctors of medicine on the basis of their professional skills and qualifications, experience and age, (5) a military hospital construction policy which will give close attention to possible civilian wartime requirements."

Major General Raymond W. Bliss, Surgeon General of the Army, was introduced and gave a short talk. He spoke principally on the need of the Army for more high-class doctors for the permanent service. It is now practically impossible to attract doctors, because of the low pay and low rank as regards civilian advantages. A bill is now before congress to increase the rank of medical officers and to also increase the pay. The bill has much opposition during this time of saving on appropriations, but there is some hopes of its passing even though it has been dubbed a salary grab bill. There should be no hesitancy about young men making the army service their life work. The Military has contributed much to the advance of medicine, and has added names to our list of great leaders—Gorgas, Beaumont, Reed, Sternberg, to mention only a few.

Rear Admiral Clifton A. Swanson, Surgeon General of the Navy, was also introduced and in his talk stressed the need for more General Practitioners. He said the best Navy doctor is a good general practitioner with some special training in traumatic surgery. Three to five years of general practice is the fundamental need for building Specialists. The needs of future military medicine will be some methods of overcoming the effects of atomic weapons. The effects of atomic bombs in this war and at Bikini Atol have been minutely studied by both the Army and Navy, and studies are still being made at the Navy base at Bethesda, Md. Admiral Swanson also talked to the Section of Ophthalmology. He has a certificate of both the Ophthalmology and the Otolaryngology boards. He told of the many navy doctors who are now pursuing special training leading to specialization and the passing of the American Boards. He said that in World War I, 1.5 per cent of all injuries were eye, but in World War II, 2.5 per cent were eye injuries. That is one reason medical officers, and especially specialists, should be higher rank, because many eye cases were cared for by general surgeons, or general men who did not know the great need for very especial treatment of so many

(Continued on Page 896)



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(Continued from Page 894)

of these eye injuries. He said the Navy lost eighty-three doctors by military action, thirteen by explosions, forty-four from medical causes and twenty-one by miscellaneous accidents.

Noon of the tenth of June after luncheon the Assistant Secretary of the Navy for Air spoke at length upon what he called human engineering. He told of personality studies, of adaptability of persons to special conditions—that we are asking the human to endure and to overcome conditions of rarefied atmosphere, high pressure, rapid changes and many conditions to which we are not adapted.

Robert Patterson, Secretary of War, also spoke at the noon meeting of the House of Delegates. He said that during the war over 47,000 voluntary medical officers served the Army. They have all been returned to civilian practice except a few who chose to remain, and a small number who were trained in service and still have service duties to perform. The Army is being reduced to 1,300,000 as a choice strength but is actually about a million men of whom half a million are in Germany, Austria, Japan and Korea. The medical strength required for that many men is 6,000, but there are now only about 5,000 doctors in service, giving as of now a shortage of 1,100 doctors. By 1949 there will be a shortage of 3,700, and by 1950, 4,000, unless some effective means is found to recruit doctors in the military service. These efforts have been disappointing, and especially in face of the fact that all other branches of Army special services are overstaffed.

Secretary Patterson spoke of the bill before Congress (H.B. 3174—S. 1143) which will offer a new table of ranks, \$100 per month extra pay, 25 per cent extra for approved specialists, and four civilian professorships for the Army Medical School.

Invited guests from foreign countries were presented. Many of them made short speeches, and presented tokens, medals, scrolls, historic documents and manuscripts. These will all be suitably housed at the Headquarters at Chicago.

Admiral Joel T. Boone, who conducted the survey of the bituminous coal miners health matters, gave a good talk, reporting much of the work done by his committee, and made some recommendations. He said he told John L. Lewis that he should hire some very outstanding doctor on a retainer

fee just as he does a lawyer, and pay him the same—then he should take the advice given. He said that health and medical welfare are just as important, if not more so, than the financial returns, and just as much care should be given to the study of those problems.

The survey gives a fair appraisal of the medical situation in the soft coal area. The findings in reference to housing, sanitation and recreational facilities would have their counterpart if a cross section of living conditions were studied in almost any part of United States. It is of especial interest to note that the prepayment plan of providing medical care in coal-mining areas is not considered inherently bad by the survey group. In many places this system has resulted in excellent quality of medical service. Failure in other instances has been due to the human element, particularly the three groups especially concerned. This report serves to direct attention to existing deficiencies and is a challenge to the physicians of this country. Because of the technical nature of many of the problems involved, good medical leadership is necessary to correct these deficiencies. The shortage of physicians and other skilled personnel, together with the need for expanded physical plants, makes the present solution of some of these problems difficult. They can be solved eventually, however, by friendly co-operation between the miners, the operators and the physicians. Wherever possible, medical service for the miners should be integrated with that of the community.

Admiral Joel T. Boone, thus summarizes his observations:

"The report presents convincing evidence that the serious problem of improving the health of the miner, assuring him of better living conditions, enabling him to provide for his family through his own initiative and efforts, and making him a more responsive and responsible citizen of his community is a solvable problem IF labor, management and the medical profession co-operate and work conjointly with a united interest and sincere devotion to a common cause—the good of large numbers of people and a basic industry. Health is a common concern of all groups. Working together for its promotion can help immeasurably to weld the bonds of human interrelationship."

The total attendance had not been announced when the delegates returned from Atlantic City. In fact the last such tabulation seen was Wednesday evening, with two more days to go. At that

(Continued on Page 898)

Bring Your X-Ray and Electromedical Problems to the Grand Rapids Meeting

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Our specialty is X-ray and Electromedical equipment, and if you happen to have any questions along this line, we'll be there to answer them, with helpful suggestions based on a lot of experience.

The following members of our Michigan field organization will be attending:

C. S. Bierwagen

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The facilities of our exhibit space are for your convenience, and we look forward to the pleasure of meeting you there.

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AMERICAN MEDICAL ASSOCIATION MEETING

(Continued from Page 896)

time 13,608 doctors had been registered. This was in addition to guests and exhibitors. It was by far the largest attendance ever recorded.

Actions Taken in Atlantic City

The new officers of the American Medical Association who assumed office in Atlantic City are:

Edward L. Bortz, M.D., Philadelphia, Pa., President

Roscoe L. Sensenich, M.D., South Bend, Indiana, President-Elect

Thomas A. McGoldrick, M.D., Brooklyn, N. Y., Vice President

George F. Lull, M.D., Chicago, re-elected Secretary and General Manager

Josiah J. Moore, M.D., Chicago, re-elected Treasurer

R. W. Fouts, M.D., Omaha, Nebraska, re-elected Speaker of the House

Francis F. Borzell, M.D., Philadelphia, Vice Speaker of the House

Dwight H. Murray, M.D., Napa, Calif., re-elected to a five-year term, Board of Trustees.

Edward J. McCormick, M.D., Toledo, Ohio, elected to serve a five-year term, Board of Trustees

Also:

Lloyd Noland, M.D., Fairfield, Ala., re-elected as a member of the Judicial Council

John H. Musser, M.D., New Orleans, re-elected as a member of the Council on Medical Education and Hospitals

William Middleton, M.D., Madison, Wis., elected member of the Council on Medical Education and Hospitals

Stanley P. Reimann, M.D., Philadelphia, and L. B. Jackson, San Antonio, elected to the Council on Scientific Assembly

James R. McVay, M.D., Kansas City, Mo., re-elected a member of the Council on Medical Service, and

Elmer Hess, M.D., Erie, Pa., and Jesse D. Hamer, Phoenix, Ariz., elected to the same council.

The House of Delegates selected Chicago as the 1948 convention city; Atlantic City for the session in 1949 and San Francisco in 1950.

Important among the resolutions adopted by the House of Delegates was the one discharging the Committee on National Emergency Medical Service and constituting this body as a council of the Board of Trustees, to be known as the Council on National Emergency Medical Service. This is a real progressive step, and the work of this group will go forward toward planning for medical care of civilians and military personnel in the event of a national emergency.

Adopted *in toto* were the recommendations made by President Edward L. Bortz, as follows:

1. A two-day scientific session for general practitioners at the time of the semi-annual meeting of the House of Delegates.

2. Change of meeting place for the semi-annual session—to convene in a different geographic district each year—at which time the two-day session for general practitioners would be held.

3. Closer affiliation with third- and fourth-year medical students—possibly by affiliate membership—and re-establishment of a student section in the JOURNAL, and encouragement of presentation of scientific papers at county, state and national levels; also to study the possibility of a student section of the scientific assembly.

4. The Secretary, in collaboration with the councils and bureaus, to prepare an attractively illustrated booklet describing the various activities carried on by the Association for distribution to graduating medical classes.

5. Further clarification of public relations activities of the Association.

6. More experienced representatives as speakers for lay groups and legislative bodies, and the establishment of a speakers' bureau to assist those representatives.

7. Greater utilization of the Woman's Auxiliary as an instrument in the field of public relations.

8. Establishment by the House of Delegates of a Committee on Nursing Problems.

9. Better channeling of information to the House of Delegates of the activities of departments, bureaus and councils.

10. Active co-operation by the Association with governmental officials to work out a program for prompt medical service in case of another national emergency. (See new Council National Emergency Medical Service above.)

11. The House of Delegates to take under advisement a future building program for the Association headquarters.

The Council on Medical Education and Hospitals adopted new standards for residencies and fellowships in the specialties. These will appear in the proceedings of the House to be published in the THE JOURNAL, and will also be reprinted and distributed.

The National Conference of County Medical Society Officers billed as a "Grass Roots Conference," held its initial meeting in Atlantic City and was unanimously voted continuance. This action was approved by the House. Future meetings will be held for the purpose of developing a working partnership between the AMA and every physician.

The Atlantic City registration totaled 15,667 doctors of medicine, making the Centennial Session the greatest medical meeting ever held anywhere in the world.



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of bleeding

The development of Gelfoam* by the Upjohn research laboratories marks a new advance in hemostasis. Gelfoam is a readily absorbable, easily cut and molded gelatin sponge which may be used with or without thrombin and may be left in situ without fear of tissue reactions. Gelfoam makes readily available biochemical hemostasis to simplify the clearing of oozing surfaces, the control of capillary bleeding, the arrest of trickling from small veins, and the staunching of annoying hemorrhage from resected tissues. It has a wide variety of indications in surgery and general practice. Gelfoam is a unique addition to the surgical armamentarium for the control of bleeding.



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is made in sponges 20 x 60 x 7 mm., in size. Four sponges are packed in each jar.

Gelfoam

AUGUST, 1947

Say you saw it in the Journal of the Michigan State Medical Society

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Third Annual Conference of Presidents and Other Officers of State Medical Associations

The Third Annual Conference of Presidents and Other Officers of State Medical Associations was held Sunday, June 8, 1947, at the Ritz-Carlton Hotel in Atlantic City, New Jersey. This is the organization growing out of the conference called by Andrew S. Brunk, M.D., while President of the Michigan State Medical Society, to formulate some positive plan that the medical profession could endorse, and which would give the public some needed program for extension of medical services to all who need them, but in an American manner, not through compulsion. The first two meetings were held in Chicago, December, 1945, and in San Francisco, July, 1946.

The program for 1947 was:

"The Medical Profession's Program to Improve Medical Care."—L. Howard Schriver, M.D., Cincinnati, Ohio, President-elect, Conference of Presidents; Past-President, Ohio State Medical Association; President, Associated Medical Care Plans, Inc.

"Co-operation of the Medical Profession with the Veterans Administration."—Major General Paul R. Hawley, Washington, D. C.; United States Army, Retired; Chief Medical Director, Veterans Administration.

"Health Legislation in Congress."—The Honorable Robert A. Taft, Washington, D. C., United States Senator from Ohio.

In the course of his address, Dr. Schriver said there are now sixty-three medical service plans in the United States, thirty-two of which are primarily service plans, and thirty-one primarily indemnity plans. Many of course, step over the border and are not purely one or the other. Blue Cross medical plans are in operation in thirty-eight states, and are being formed in most of the others. These plans have proven highly economical, the average cost of operation being 13.7 per cent.

General Paul R. Hawley told of the home town care for veterans. He also told of increased plans for care by the bureau direct, the government using civilian doctors for much service not now readily available in the Veterans Hospitals. About one out of seventy persons are veterans receiving care from the department, and they are costing about \$213.00 per year per patient. This is more than the average patient in the United States and more

than the amount planned for the Bureau—\$21,000,000 is now being paid to doctors for services to veterans.

General Hawley mentioned the two bills for public care, and seemed to think there was no great difference in them; either would work with satisfaction. Medical care has two great approaches: independent and untrammelled services, or federal planning. The great problem is federal expenses. Three and a half billions are being used for veterans' services. The general said that more patients are now being discharged from veterans' hospitals than are being admitted.

Senator Robert A. Taft said that the American people for twenty-five years have enjoyed the finest medical care in the world. Shall we improve our present free system, or reject it and change to a federal bureau? There is a real and significant difference in the two approaches to federal medical service. The Wagner-Murray-Dingell Bill has been rewritten but not much changed. It is an income tax on the lower income. It does not levy a tax, but provides for an appropriation of 3 per cent and 1 per cent on incomes up to \$3,600 a year. Laborers will pay up to \$144 per year. No one knows what the cost will be, but the money goes into a Washington Bureau. A tremendous bureaucracy of from one quarter to three quarters of a million persons, will develop, to run it and determine for the government who shall have what doctor when. The bill says there will be state administrators, but they are appointed and are under a federal bureau. Federal activity will take over and may make this bureau as inefficient as the old WPA.

Senator Murray is worried about the means test in the Taft Bill. He needn't. We now have the means to test for all relief and indigent care, and these are the only ones who will come under federal care (and that will be state administered) under the Taft Bill. Means test is the bogey, but all taxes are a means test. All doctors' services are now based on a means test—the doctor has to determine what to charge, or whether to charge. The W-M-D Bill is a tax, and not insurance, as

(Continued on Page 938)

The subject is: Allergy

The advice, as usual, is:
"SEE YOUR DOCTOR"

In LIFE and other national magazines, Parke-Davis presents a timely message about allergy (shown below). It appears in full color . . . reaches an audience of nearly 23 million people. It is No. 206 in the "See Your Doctor" series published in behalf of the medical profession.

Some things you should know about allergy

No. 206 in a series of messages from Parke, Davis & Co.
on the importance of prompt and proper medical care.

MEDICAL science has discovered many interesting things about allergy.

If today you tell your doctor that you suffer from asthma, sneezing attacks, or itching eyes, one thing he considers is the possibility that you may be *allergic*—which means that you may be sensitive to some substance which causes no trouble for most people.

In discovering this offending substance (known as an *allergen*), your doctor acts as a detective. He may ask detailed questions about the time of your attacks, where they occur, the furnishings of your home, the food you eat.

Such questions may give him clues to the nature of your trouble. If your attacks come, for instance, in the late spring or summer months and last till the first frosts, he will suspect that your trouble is due to some pollen, that you may have some form of "hay fever."

In other forms of allergy, it is not so easy to track down the offending substance. If your case is not clear-cut, your doctor must consider hundreds of possibilities.

A few grains of mustard can make some people violently ill. A man can be sensitive to his wife's face powder, or to dog hair, or grass pollen, or to the cattle hair in the mat under a rug.

Simple skin tests are often used to reveal the offending substance. Drops of various extracts—of pollen, foods, and other substances—are injected into the skin or put on skin scratches. If you are sensitive to the substance being tested, a swelling will usually develop within a few minutes.

Once a doctor has found what causes the allergic reaction—by means of the history of the case supplemented by skin tests—he will prescribe treatment according to the nature of the patient's sensitivities.

If the patient is allergic to a particular food, the easiest solution is to avoid the food. If his sensitivity is to feathers, the substitution of a fibre pillow for a

feather one may bring surprisingly effective relief.

If the allergen is house dust or pollen, or something else that cannot be easily avoided, a series of inoculations may be suggested.

Some people, however, do not respond to this type of treatment, or are sensitive to too many different things to make inoculations a practical procedure. New chemical drugs—developed to control

allergic reactions in certain types of allergy—are showing promise. They are to be used, of course, only under the direction of a physician.

SEE YOUR DOCTOR. If you suffer from recurring and unexplained attacks of sneezing, skin rashes, or asthma, see your doctor. In allergy, as in other medical problems, your physician can give you more help today than ever before.



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Hearings Before Senate Committee on S. 545

By Jay C. Ketchum
Executive Vice President, Michigan Medical
Service
Detroit, Michigan

This statement is made from the point of view of the administration of the Voluntary Health Care Plan and is limited to an expression of opinion regarding portions of S-545, particularly Section 712(a) and Section 306.

The Voluntary Health Care Plans, such as the so-called Blue Cross and Blue Shield Plan (in Michigan, Michigan Medical Service and Michigan Hospital Service) have demonstrated the feasibility of providing prepayment of budgeting for or insurance against the costs of hospitalization and medical care among families or individuals enjoying more than minimum incomes. There have been rapid advances in technique and methods employed in making such protection available to all classes of the population, resulting in greatly increased numbers covered as well as in a broadening of the types and extent of protection afforded by these plans. Others will undoubtedly testify here with accuracy as to the numbers now covered by such plans throughout the United States, as to the organization of plans in areas not previously served and the nature of the benefits afforded by the various plans throughout the country.

It is obvious that families and individuals in the extreme low income classes have not been included in the protection of these plans except as they may be from time to time employed where such benefits are automatically included as a perquisite in connection with such employment. The plans, being compelled to operate on a sound actuarial basis, without benefit of contribution or subsidy, have been unable to grant to these so-called medically indigent and welfare classes either cut rates or free protection.

Negotiations have been carried on in Michigan with certain County Boards of Supervisors and Welfare Boards with a view to arranging for the protection of the prepayment plans of Michigan Medical Service and Michigan Hospital Service (commonly called the Blue Cross Plans of Michigan) for the medically indigent. Similar negotiations have been carried on by plans in other areas. These negotiations have failed, at least in Michigan, in every case for one or another of several reasons:

(1) Inadequate County Welfare funds to provide for the care required by the welfare load and the medically indigent load. It has been fairly common practice for such units to purchase such care as needed at agreed fee schedules, as long as funds were available, and thereafter to rely on the charity of the individual physician or hospital to provide needed care. This results in the necessity for the physician or the hospital, if he or it is to continue to provide such care, recouping his or its losses in such cases by spreading the cost of service among those able to pay, which is in effect only a

form of general taxation. In some areas such care is purchased on an annual lump sum basis, sometimes on a fee basis, through arrangements with County Medical Society groups and local hospitals, sometimes by contract with individual physicians or individual hospitals for the servicing of the entire welfare or indigency loads. In such arrangements there is an unlimited number of variations as to the details and undoubtedly as to the nature of the services rendered—both as to quantity and quality. At best, inadequacy of funds in these cases certainly influences the quantity of medical and hospital care available.

(2) Application of the insurance principle to the problems of the medically indigent, as differentiated from the clearly defined welfare load, appears impossible even though adequate funds may be available, due to the inability of the various governmental units to foresee the needs. Whereas the welfare load is possible of evaluation for any reasonable period of time on an actuarial basis, the so-called medically indigent, with income and funds adequate for ordinary needs, becomes a responsibility of government only at the time of an emergency; in this case, a health emergency. It is therefore impossible for the insurance or plan actuary to promulgate a charge for coverage or insurance of this class.

(3) There is in many cases the possibility of assigning the responsibility for care of a welfare or medically indigent to some special fund or statutory health care activity of some other governmental unit, resulting in a reluctance on the part of the local county or welfare board to accept a broad responsibility, in advance of demand, for its people. These conditions arise due to a lack of co-ordination in the planning and operation between various units and departments of government in the various fields of health care as regards specific services or classes of people.

The provisions of S-545, Title VII, appear designed to require 712(a) (7) a survey or inventory of existing health care, medical, surgical and hospital facilities (8) continuing reports and (9) continuing review of operations 712(a) (1) the designation of a single State agency as the sole agency for supervision of administration et cetera.

The provisions of these and other sections should result in integration and co-ordination of all health services within a state and between all units of government in regard to planning for, responsibility for, and provision of health care for all types of cases and all classes of medically indigent.

The financial grants provided for under S-545, if enacted and a state plan adopted thereunder, should

(Continued on Page 904)



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(Continued from Page 902)

provide units responsible for such care which comply with the requirements of the Act and the state plan with much more adequate means of providing care which previously may not have been within the financial means of the local unit.

While it is admittedly impossible to apply the insurance principle to the borderline medically indigent, the clearly welfare cases are possible of inclusion under insurance or prepayment plans.

Techniques have been developed to provide service through voluntary health care plans for groups of individuals whose health care is the responsibility of government. Plans have been in operation for some eighteen months or more providing care to veterans in the home, physician's office or hospital, for service-connected disabilities, disability pension determination examinations and emergency care. These arrangements are based on a so-called cost plus operation whereby the health care plan provides the services of its participating physicians and hospitals with free choice for the recipient, at an agreed upon schedule of fees, and costs with an amount added to cover only the overhead expenses of the plan. An example of this type of service is the agreement between the Veterans Administration and Michigan Medical Service, a copy of which is attached, including the agreed upon fee schedule. It should be noted that this arrangement provides for complete free choice of physician by the veteran recipient among those physicians participating in the plan. In Michigan, the acceptance of this arrangement by the profession includes practically all of the practicing physicians rendering the type of care required for such cases. Some 4,300 physicians have signed agreements to render this care in accordance with the plan out of a total of approximately 5,200 physicians licensed in the State, which latter figure includes physicians practicing specialties not called upon in this program, as well as those engaged only in research, teaching and administrative work.

S-545 Section 712(a) (4) permits such cost plus operation in the Veterans Administration program and the provision of medical care to indigents which is not possible to accomplish under any existing welfare statutes or regulations.

Section 306

One of the major difficulties encountered by voluntary health care plans in extending the benefits of their coverage to more people has been the refusal of Federal government departments, bureaus, agencies et cetera, to permit of deduction from payroll the employee's rate, subscription fee or premium to a voluntary non-profit health insurance fund. The refusal of the government to allow such payroll deduction has rendered extremely difficult satisfactory arrangements for coverage of governmental employees, their wives and dependents. It is difficult to understand the inconsistency of the government as expressed by this attitude when the government itself is the greatest proponent of the practice of payroll deduction in connection with income tax "pay as you go" deductions, defense bond sale deductions et cetera.

Even though enactment of S-545, which would seem of great benefit to the people of the United States, should fail, it is of vital importance to the employes of the government in its various departments, bureaus, agencies et cetera, and the voluntary health care plan movement in the United States that some provision similar to Section 306 of S-545 be enacted during the present session of Congress.

Attached hereto are statements in connection with the operation of the Veterans Administration program under the agreement with Michigan Medical Service in the State of Michigan.

EXHIBIT 1 MICHIGAN MEDICAL SERVICE AUTHORIZATIONS RECEIVED THROUGH VETERANS ADMINISTRATION

Month	MEDICAL			HOSPITAL	
	Treatments	Examinations	Total	Hospital	Total
1946					
March	538	1,000	1,538		1,538
April	1,802	3,220	5,022		5,022
May	2,902	1,275	4,177		4,177
June	3,015	1,293	4,308		4,308
July	3,835	5,534	9,369		9,369
August	3,009	1,780	4,789		4,789
September	6,763	1,105	7,868		7,868
October	5,500	1,523	7,023		7,023
November	3,571	2,064	5,635		5,635
December	3,010	1,930	4,940		4,940
1947					
January	5,360	2,893	8,253	593	8,846
February	6,027	1,697	7,724	432	8,156
March	6,452	2,732	9,184	619	9,803
April	5,994	2,371	8,365	689	9,054
May (1-19)	3,075	1,274	4,349	313	4,662
TOTAL	60,853	31,691	92,544	2,646	95,190

Professional Participation	
Doctors registered in Wayne.....	1,887
Doctors outside of Wayne.....	2,386
Total doctors registered in Michigan.....	4,273

MICHIGAN MEDICAL SERVICE Summary of Operations Veterans Administration Agreement Inception 3/1/46 to 3/31/47

Services rendered and billed to V.A.....	\$708,414.35
Expenses billed to V.A. (6.693%).....	47,415.03
Total billed.....	\$755,829.38
Received from V.A.....	414,580.88
Balance due to 3/31/47.....	\$341,248.50

Payments to physicians for Veterans Administration authorized services are made by Michigan Medical Service within an average of sixteen days, billed to Veterans Administration on an average of ten days from receipt of report of service.

Michigan Medical Service secures and maintains participation of physicians in the program with distribution among the various medical specialties as well as geographically throughout the state. Approximately 90 per cent of the available practicing physicians are participating. Michigan Medical Service assumes the responsibility for adequate and accurate reports of services and examinations, and provides necessary personnel in the field to instruct the physician as to completion of required reports and the methods of examinations.

Michigan Medical Service verifies authorization for

(Continued on Page 988)

A REPORT TO THE DOCTORS



MICHIGAN MEDICAL SERVICE

A Statement of Condition

Michigan Medical Service takes pride in presenting this statement as a record of the service you, the Doctors of Michigan, have rendered to

the people of your state through your voluntary, non-profit service organization.

Benefits paid Jan. 1 to May 31, 1947 \$2,757,203.20

Benefits paid Inception to May 31, 1947 . . . \$21,503,190.98

Subscribers to Michigan Medical Service 916,416*

*An increase of 75,424 in first five months of 1947

FINANCIAL STATEMENT

May 31, 1947

ASSETS

Cash in Banks and Office	\$ 558,778.95
United States and Canadian Government Bonds	1,506,395.80
Accrued Interest	11,750.00
Subscription Fees—Receivable	44,188.66
Funds Advanced for Veterans Administration	384,175.00
Other Assets	87,112.23
Total Assets	\$2,592,400.64

LIABILITIES AND RESERVES

Reserves for payments for services rendered subscribers (Including Unreported)	\$ 746,044.34
Reserve for Unearned Subscription Fees	385,826.39
Reserve for Contingencies	1,434,626.87
Other Liabilities	25,903.04
Total Liabilities and Reserves	\$2,592,400.64

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Contributions and Pledges to Michigan Foundation for Medical and Health Education

September 18, 1945 — August 1, 1947

Allegan County Medical Society	\$ 85.	F. H. Lashmet, M.D., Petosky	100.
Anonymous	1,000.	Lenawee County Medical Society	125.
Anonymous (Memory of Mother)	1,000.	S. R. Light, M.D., Kalamazoo	100.
Regis F. Asselin, M.D., Detroit	5.		
R. H. Baribeau, M.D., Battle Creek	50.	Macomb County Medical Society	130.
Barry County Medical Society	50.	Manistee County Medical Society	200.
M. G. Becker, M.D., Edmore	1,000.	Marquette-Alger County Medical Society	135.
A. P. Biddle Estate	2,933.81	F. F. McMillan, M.D., Charlevoix	100.
Branch County Medical Society	85.	Mason County Medical Society	35.
C. D. Brooks, M.D., Detroit	1,000.	Mecosto-Osceola-Lake County Medical So-	
J. D. Bruce, M.D., Ann Arbor	1,000.	ciety	45.
A. S. Brunk, M.D., Detroit	1,000.	H. A. Meinke, M.D., Hazel Park	50.
Mary Lou Byrd, M.D., Grand Rapids	25.	Menominee County Medical Society	10,000.
		Michigan Medical Service.....	10,000.
A. C. Carlson, M.D., Cottonwood, Arizona	500.	Mrs. K. B. Miner, Flint	1,000.
E. I. Carr, M.D., Lansing	1,000.	Monroe County Medical Society	145.
H. R. Carstens, M.D., Philadelphia, Pa.	1,000.	H. R. Moore, M.D., Newaygo	1,000.
L. G. Christian, M.D., Lansing	100.	H. L. Morris, M.D., Detroit	1,000.
R. E. Clark, M.D., Detroit	25.	Muskegon County Medical Society	310.
B. R. Corbus, M.D., Grand Rapids.....	500.	R. L. Mustard, M.D., Battle Creek	1,000.
Clinton County Medical Society	50.		
C. V. Costello, M.D., Holland	1,000.	Cora Boyce Neal, Grand Rapids	1,000.
H. H. Cummings, M.D., Ann Arbor	1,000.		
A. C. Curtis, M.D., Ann Arbor	15.	Ontonagon County Medical Society	15.
J. S. DeTar, M.D.	1,000.		
Dickinson-Iron County Medical Society	80.	Wm. H. Parks, M.D., Petoskey.....	100.
		A. W. Petersohn, M.D., Battle Creek	25.
Eaton County Medical Society	70.		
O. O. Fisher, M.D., Detroit.....	20.	L. B. Rasmussen, M.D., Vicksburg	25.
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		J. M. Robb, M.D., Detroit	
Genesee County Medical Society	1,000.	(Memorial to the late J. D. Bruce, M.D.)	100.
Robt. W. Gillman, M.D., Detroit	1,000.	John Rodger, M.D., Bellaire	100.
Gratiot-Isabella-Clare County Medical So-			
ciety	125.	G. B. Saltonstall, M.D., Charlevoix	1,000.
Grand Traverse-Leelanau-Benzie County Med-		Sanilac County Medical Society	50.
ical Society	167.50	C. A. Scheurer, M.D., Pigeon	30.
		E. F. Sladek, M.D., Traverse City	5,000.
T. J. Heldt, M.D., Detroit	25.	Ferris N. Smith, M.D., Grand Rapids	1,000.
Lee Hileman, M.D., Ecorse	10.	St. Clair County Medical Society	220.
Hillsdale County Medical Society	95.	Shiawassee County Medical Society	1,000.
L. J. Hirschman, M.D., Detroit	1,000.	H. B. Steinbach, M.D., Detroit	100.
L. E. Holly, M.D., Muskegon	1,000.	R. H. Stevens, M.D., Detroit	1,000.
Houghton-Baraga-Keweenaw County Medical		C. L. Straith, M.D., Detroit	1,000.
Society	140.	R. H. Strange, M.D., Mt. Pleasant	1,000.
R. J. Hubbell, M.D., Kalamazoo	1,000.		
Huron County Medical Society	55.	Jerrian VanDellen, M.D., East Jordan	100.
Wm. A. Hyland, M.D., Grand Rapids	1,000.		
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S. W. Insley, M.D., Detroit	1,000.	R. V. Walker, M.D., Detroit	1,000.
Jackson County Medical Society	350.	Washtenaw County Medical Society	200.
Joint Committee on Health Education	1,000.	H. L. Weitz, M.D., Traverse City	100.
Francis Jones, M.D., Lansing	1,000.	C. G. Wencke, M.D., Battle Creek	10.
		E. L. Whitney, M.D., Detroit	25.
		S. B. Winslow, M.D., Battle Creek	50.
		E. R. Witwer, M.D., Detroit	1,000.
		Margaret H. Zalen, M.D., Kalamazoo	5.

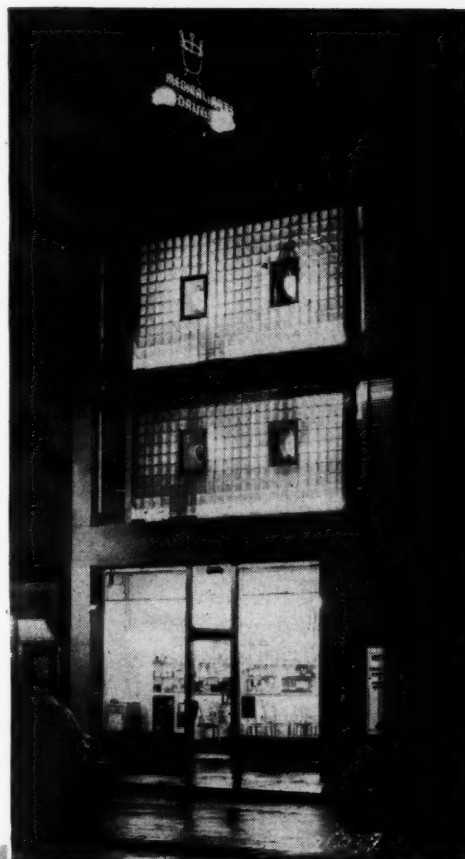
(Pledge Card on Page 908)

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AUGUST, 1947

Say you saw it in the Journal of the Michigan State Medical Society

907

For the Good of Michigan

The Michigan Legislature has passed three bills during its recent session which add to the framework of the Commonwealth and reveal that the elected representatives of the people have the best interests of the people at heart. They may have, as everyone has, trouble balancing the budget, but they know what they want for their children and their children's children.

It is now mandatory that all who attend school be immunized against diphtheria, whooping cough and smallpox as a condition precedent to entrance in school. These epidemic diseases need not devastate our future citizens, and they will not, thanks to the foresight of the 1947 Legislature. Thank them! I imagine there will be protests by vegetarians who will say that the biological immunizing products are derived from animals, but this is picayune and the courts can handle that.

The availability of animals other than the human for research in the cause and cure of human ills is preserved by the 1947 Legislature despite the bitter activity of a group of zealots who have never been known to refuse a sirloin steak or a lamb

chop or a soft boiled egg (whose loss, incidentally, to the steer, the woolly lamb or the plymouth rock must be as real!) The Legislators weren't fooled by the pressure of an absentee-owned press, either. Thank them!

The broad provisions of the Federal Hospital Survey and Construction Act may now be applied in Michigan without partisan or cult-inspired restriction: so that if and when Federal funds flow for the construction of needed hospital beds, thank your 1947 Legislature for augmenting progress instead of impeding it.

I wish there were space to go over the roster of Legislators who have shown that they are in fact citizens of Michigan. It is of note that the first term representatives have shown an understanding of the needs of Michigan far beyond their length of service in the state capitol. The people of Michigan can be proud of this.

WILLIAM BROMME, M.D.

Associate Editor, in *Detroit Medical News* (WCMS), June 23, 1947

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The JOURNAL

of the Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME 46

AUGUST, 1947

NUMBER 8

Skin Grafting for Recurrent Pilonidal Cyst

A Method of Primary Wound Closure Following Surgical Excision

By James W. Hubly, M.D., Russell L. Mustard, M.D., and Richard A. Stiefel, M.D.
Battle Creek, Michigan



JAMES W. HUBLY

THE PATIENT WHO presents himself with a complaint of recurrence following several operations for pilonidal cyst is a problem in surgical management quite different from the problem presented before the original operation. Examination of the sacrococcygeal area usually reveals a hypertrophic scar with areas

of indolent granulation and one or more sinuses producing a purulent discharge. Because of the soft tissue lost at each operation there often is "bridging" of the scar. The scar is on tension due to the pull of the buttocks. When such a scar, along with its sinuses, is excised and the soft tissue allowed to retract to its normal position, a gaping wound will exist.

The problem then becomes one of wound closure. It is not our desire to discuss the various methods of wound closure possible in this circumstance. We wish only to call attention to the use of the split-skin graft for this purpose. Although grafting may be used after primary excision, we reserve it for secondary operations, particularly if considerable soft tissue has been lost at previous operations.

The operative technique we have employed is as follows:

Preoperative preparation: An enema is given the night before the day of operation. It is desirable to have the lower rectum empty. The skin of the operative site is cleansed and shaved. Nembutal and morphine and scopolamine are used for sedation.

Anesthesia: Spinal anesthesia.

Position: The patient is placed prone with the buttocks slightly elevated. Exposure is facilitated by placing adhesive plaster strips under some tension from buttocks to table.

Operative preparation: Tincture of zepherin is used for skin sterilization. The operative site is doubly draped so that one buttock alone, preferably the right, is exposed. This permits the skin graft to be taken from the buttocks without contamination from the pilonidal area.

Operative procedure: The area of skin graft required is estimated, being usually somewhat less than the full width of the Padgett dermatome drum and about one half its length. The Padgett dermatome is set to cut a graft between 0.015 and 0.020 inches in thickness. The cement is applied to the drum and donor site and allowed to dry for several minutes. When sufficiently dry the drum is applied to the donor site, and by rotating the drum the graft is cut, using a full easy stroke of the blade. The graft is left upon the drum and covered with gauze moistened in physiologic saline solution. The donor site is protected by inverting an emesis basin or similar vessel over it, the vessel being held in place by a towel and clips placed through the towel at the

vessel's circumference. This allows clotting to occur and prevents contamination of the site.

The drapes are now moved to expose the pilonidal area (Fig. 1). A probe may be introduced

complete hemostasis is obtained, using fine white silk ligature. Mosquito hemostatic forceps are used to clamp bleeding points, care being taken to include only a small amount of tissue in the bite.

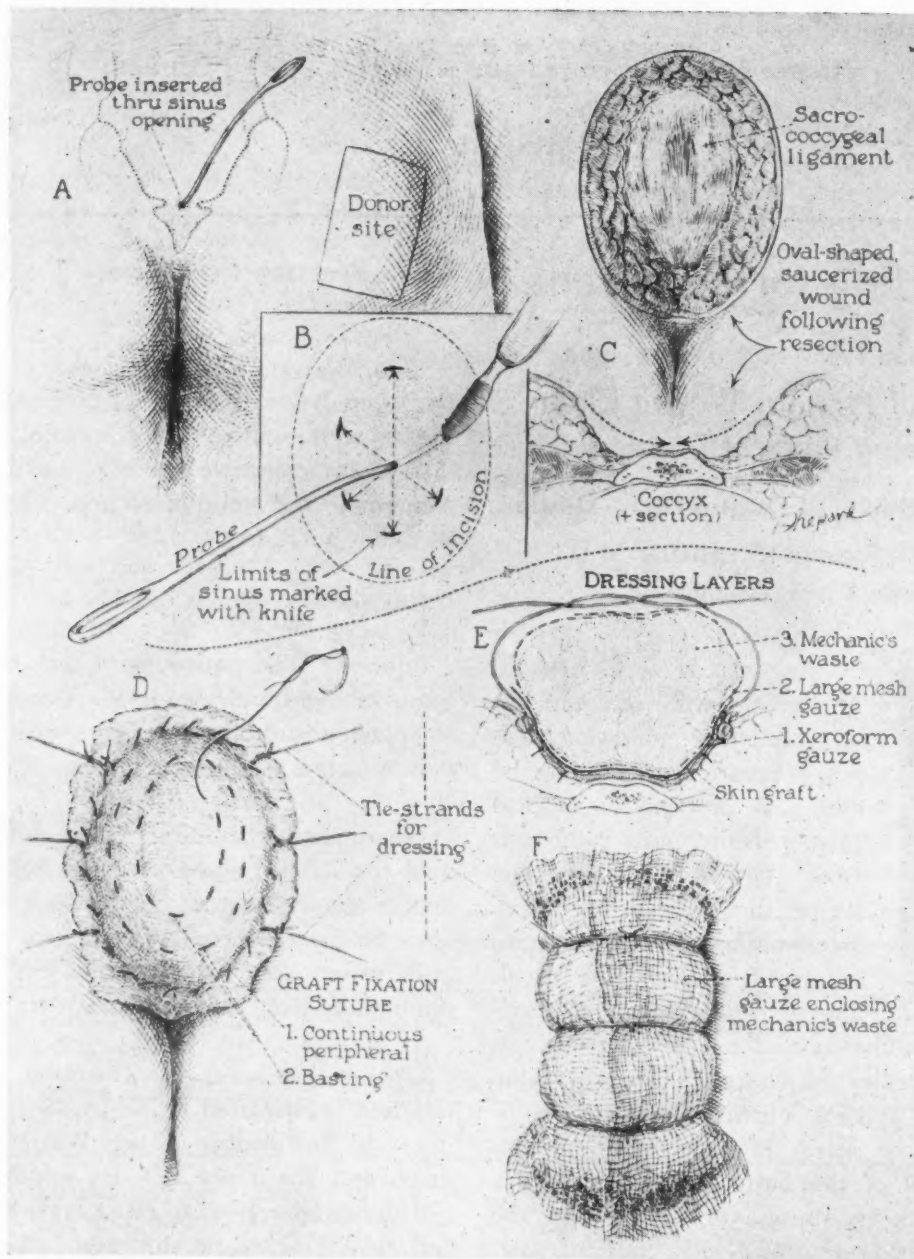


Fig. 1. Operative procedure.

into the various sinuses to determine their extent. A somewhat oval incision about the old scar is made. The incision is carried down, exposing the sacrococcygeal ligament above. The dissection is carried from above down, excising the involved tissue, the sidewalls of the wound being saucerized and not undermined. Following excision,

Annoying capillary oozing can be controlled by the topical application of thrombin solution. Cleansing of the wound, using white soap and water, and irrigation with physiologic saline solution, is done if there has been gross soiling.

The defect following excision can be lessened by placing a mattress suture at the upper and

lower angles of the wound, approximating the skin edge of the wound to the sacrococcygeal ligament.

The skin graft is now removed from the dermatome drum, and the glued surface dusted with sulfanilamide powder. Sulfanilamide is used not for its chemotherapeutic effect, but because it is conveniently at hand and acts satisfactorily as a powder, thus neutralizing the annoying adhesive properties of the cement adherent to the graft. The graft is placed over the wound, overlapping the skin margins, and under some tension is sutured in place with several interrupted silk sutures. A continuous running silk suture overlapping the graft is then placed, anchoring the graft to the circumference of the wound. It is best to pass the suture needle through graft and then skin. Basting silk sutures are now used to hold the graft down into the depth of the wound. Three silk tie sutures are placed at the wound margin on either side. A bolus is constructed to fit the wound concavity snugly. Mechanic's waste is used, being covered with a layer of large mesh gauze and a layer of xeroform ointment fine mesh gauze. The adhesive strips to the buttocks are released. The bolus is held in place by tying the circumferentially placed sutures under gentle tension. A plain gauze strip is wound around the periphery of the bolus and a pressure pad made of mechanic's waste enclosed in wide mesh gauze is placed over all. The donor site is exposed, blotted with a sterile towel, covered with xeroform ointment gauze, plain gauze squares, and a pressure pad. The wound and donor site dressings are held in place by a stockinette or elastic bandage snugly applied, encircling the body and anchored by passage between the thighs.

Postoperative care: The patient is kept at bed rest. A liquid diet is given for five days. Movement of the bowels is discouraged. Penicillin is administered as prophylaxis against infection. The dressing is examined daily but not removed. If it becomes loosened it is tightened, or reinforced by adhesive strapping. Any evidence of drainage or odor is an indication for redressing. Ordinarily the first dressing is made on the eighth postoperative day. The bolus is removed. The sutures are not disturbed. The graft is cleansed with hydrogen peroxide, dried, covered with xeroform ointment gauze, and a dressing under gentle pressure reapplied. After the first dressing, the wound is dressed daily. The sutures are removed

on the 10th postoperative day. Pressure dressings are continued as long as necessary. Usually they can be discontinued after the fourteenth post-operative day, at which time the dressing



Fig. 2. Photograph made twenty-one days after excising of recurrent pilonidal cyst and primary wound closure by skin grafting. The graft was a 100 per cent take.

is removed from the donor site. A daily shower bath may be taken. No sitz baths are used. The postoperative care of the wound is important (Fig. 2).

Comment

We would like to emphasize the relative simplicity of the procedure described. It will succeed when other more complicated methods of closure will fail. One must, however, adhere to the principles governing all skin grafting, namely asepsis, meticulous hemostasis, the gentle handling of tissue, and the proper application of pressure. "Pie-crusting" the graft to permit drainage is unnecessary if hemostasis has been complete. If it is done granulations grow up through the small incisions and delay healing. If a portion of the graft fails to take, the area usually will heal quite rapidly by second intention and no draining sinus will persist. We have had no trouble with the donor sites. They have healed uniformly well, healing being complete in ten to fourteen days. The amount of residual deformity at the wound site varies considerably. Ordinarily the original operative defect is lessened between 30 and 50 per cent as a result of contracture. Although the graft is sutured directly down upon the sacrococcygeal ligament, no patient has complained of tenderness or discomfort in the region.

Trends in Diabetes Mellitus

By George C. Thosteson, M.D.

Detroit, Michigan

OF THE COMMON CHRONIC diseases we treat, it is interesting to reflect that diabetes mellitus is one of the very few for which we have as specific a therapeutic agent as insulin. The clinician treating diabetes is constantly watching the work of the research physiologist and biochemist, hoping to find another piece to add to that jig-saw puzzle called diabetes mellitus. But even with this most effective weapon, insulin, as a big piece of the puzzle, the picture will not be complete without finding other pieces, such as cause, prevention, and the many secondary factors contributing to the disease.

In this communication, an attempt is made to correlate, in an indirect way, a few of the laboratory findings, particularly the more recent ones, that have contributed to our present-day concept of diabetes mellitus.

The pancreas has been the target organ in the body since 1788 when Cawley found abnormal changes in this structure in a fatal case of diabetes. Impetus in this direction was added when Von Mering and Minkowski produced diabetes in a dog by pancreatectomy in 1889. This was a purely accidental finding in that their studies were directed toward the digestive enzymes of the pancreas. Experimental diabetes was thereafter produced in animals by pancreatectomy. Logical follow-up in this direction for a specific agent within this gland led Banting and Best to their epoch-making discovery of insulin twenty-five years ago when they successfully produced a pancreatic extract with effective hypoglycemic properties.

One would expect that the pancreas should show pathological changes in the diabetic, but this is not always the case. In Warren's²² series 25 per cent showed no changes; the remainder had a variety of changes, as fibrosis of the beta cells, hyalinization of the islets, and hydropic degeneration. Gellerstedt⁷ found many of these lesions in older people, only a few of whom had diabetes.

Gomori⁹ has shown that the normal pancreas has an average of 500,000 islets. The structure of

the islet is composed of 60 to 90 per cent beta cells, 2 to 8 per cent delta cells, and the remainder alpha cells. His effort to show an abnormal ratio of beta to alpha cells in diabetes mellitus was disappointing since only a few showed a low number or absence of beta cells while the majority were normal. He points out that the beta cells may be well preserved even in greatly shrunken hyalinized islets.

No pancreatic lesion has been found peculiar to diabetes mellitus. Warren and Root²³ point out that whatever the cause of diabetes may be, it seemingly acts over a long period of time, perhaps throughout the duration of the disease, and that pathologic changes found at autopsy only represent the end result of the long struggle between the regenerative activity of the pancreas and the degenerative changes caused by diabetogenic factors. The process is not static, and they state that transient injury to the islets may explain severe loss of tolerance in the diabetic during infections, while improvement in tolerance may well represent rapid regeneration of the islets. A downhill course of the disease represents presumably a losing battle of the regenerative forces.

We must look, therefore, to the functional side of the picture. Here again inconsistencies prevail. Scott and Fischer¹⁰ found the non-diabetic human pancreas to contain an average of 1.7 units of insulin per gram, while that of a severe diabetic contained 1.9 units per gram. The normal individual produces approximately 30 units of insulin a day, yet many of our diabetics require two to three times this amount for control.

Haist and Best¹¹ in 1940 produced hydropic degeneration in the islets by the injection of anterior pituitary extract and obtained a reduction in the insulin content of the pancreas. When insulin and anterior pituitary extract were used, this reduction did not occur. The feeding of fat did not cause a drop in insulin content. Fasting, fat feeding, and insulin administration prevented fall of insulin content and degenerative changes in the anterior pituitary treated dogs. They thought that these procedures rested the pancreatic islets. The feeding of sugar or a balanced diet immediately raised the insulin content of the gland. Allen had previously shown that the hydropic degeneration of the beta cells occurring in partially depancreatized dogs was followed by atrophy. This was attributed to an exhaustion phenomenon. He did not have insulin to work with at

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that time. This overwork concept was confirmed by Copp and Barclay⁵ when insulin became available. This principle was apparently the reason why the low calorie feedings of Frederick Allen in the pre-insulin days were effective in ameliorating the disease. Haist and Best suggest that their findings constitute a preventive measure in diabetes. They point out that the relative rarity of diabetes among the poor in certain countries where the diet is high in carbohydrate and the prevalence of diabetes among the rich, eating a higher proportion of fat, may be explained by the low caloric intake in the poor man's diet. They produced figures to show that reduction of calories, using a diet containing 50 per cent carbohydrate, resulted in a decrease in the insulin content of the rats studied. The caloric intake therefore is an important factor when considering the dietary effect on the insulin content of the pancreas. Substantiating this is the fact that the fatty livers found in diabetic children can be reduced in size by the reduction in calories and adequate control of the diabetes.

Experimental Diabetes

There are three ways of producing experimental diabetes. The surgical approach by pancreatectomy was suggested by the work of VonMering and Minkowski. Four-fifths to nine-tenths of the pancreas must be removed to produce diabetes in the animal. Another method is the use of extracts of the anterior pituitary gland. This developed after the striking experiment of Houssay of Argentina wherein he found that the diabetes occurring in a depancreatized animal was alleviated by hypophysectomy. Repeated small injections of pituitary extract would keep the animal in a diabetic state and recovery would occur if the injections were stopped. Prolonged large doses, however, will produce a permanent diabetes. This substantiates the findings of Warren and Root, mentioned before, namely, that regeneration of the pancreas tends to occur if the diabetogenic stimulus is not too great or prolonged. Changes produced in the pancreas by this method consist of initial hyperplasia of the islets followed by degranulation, vacuolation, and ultimate disappearance of the beta cells with fibrosis of the islets as the end stages (Gomori).

More recently, in 1943, a chemical method for the production of diabetes was reported by Dunn, Sheehan, and McLetchie.⁶ They showed that

alloxan, an oxidation product of uric acid, had a selective necrosing effect on the islet cells in appropriate doses. Alloxan has no role in human physiological processes and it disappears very rapidly from the blood stream of the injected animal. The blood sugar curve of alloxan treated animals has a characteristic pattern: there is an initial rise occurring in the first three hours followed by a sharp drop to convulsive hypoglycemic levels after three hours, during which the animal has to be maintained by glucose administration; this then is followed by a permanent elevation of the curve into hyperglycemic zones. The beta cells destroyed by this substance are ultimately replaced by alpha cells.

Influence of Other Endocrine Glands

Wherein does this difference between experimental and human diabetes occur? The role of the endocrine glands and the liver may provide the answer.

The state of the thyroid gland has long been known to influence sugar tolerance. In hyperthyroid states, glycosuria and hyperglycemia occur, whereas hypothyroid states are associated with increased sugar tolerances. One of the key factors in this respect is the influence of the thyroid state upon the rate of absorption of hexoses from the intestinal tract. Althausen¹ showed this rate to be decreased in hypothyroidism and to be increased in hyperthyroidism. This phenomenon vitiates the value of the oral glucose tolerance test and is surmounted by the intravenous test. The role of vitamin B complex in carbohydrate metabolism enters in part in the influence this substance has on the glycogen depleting properties of thyroid substance on the liver. Thyroidectomy will ameliorate human diabetes in many instances when this disease is complicated by thyrotoxicosis. Repeated injection of thyroxin will produce a permanent diabetes in partially depancreatized dogs resulting in what is called a meta-thyroid diabetes.

The adrenal cortex secretions also influence sugar tolerance. Addison's disease is associated with insulin sensitivity and as increased sugar tolerance. On the other hand, the removal of adrenal gland tumors has resulted in the disappearance of diabetic symptoms.

The pituitary gland is often referred to as the master gland of the entire endocrine system. The work of Houssay on the effect of hypophysec-

tomized-depancreatized dogs is classical. The production of anterior pituitary extract diabetes has been referred to, and the increased sugar tolerance and the insulin sensitivity in Simmond's disease is well known. The diabetogenic factor of the pituitary has been isolated. The effect of anterior pituitary extracts in repeated small and large doses has been mentioned above. The hyperglycemic effect of these extracts is not brought about through the adrenal according to Houssay since it occurs after adrenalectomy.

The Liver

The role of the liver in carbohydrate metabolism is most involved. Removal of the liver in depancreatized dogs produces a sudden and severe hypoglycemia. Soskin²⁰ points out that the blood sugar in the normal animal remains relatively constant under diverse conditions of feeding and fasting, whereas this is not the case in the diabetic organism. He elaborates the concept of the homeostatic regulating mechanism of the blood sugar level, using the analogy of the thermostat in a house. The thermostat is set at about 100 milligrams of sugar. When the level drops ("house cooling" as by exercise or fasting) increased liver glycogenolysis results in glucose pouring into the blood stream to raise the level. Similarly an increase in temperature of the house causes the furnace to shut off; namely, the output of glucose from the liver is inhibited and glycogen storage therein occurs. This sounds simple, but the entire process is mediated by a complex system of enzymes and other regulators, especially the secretions of the endocrines. In diabetes this regulatory mechanism is disturbed through either dysfunction of the liver, insufficiency of insulin or antagonistic activities of other hormones.

Enlargement of the liver is a frequent finding in diabetes. Gray¹⁰ and his co-workers reported a study of liver function in 247 diabetics and concluded that liver disease is a frequent association of diabetes; that the involvement is much more prevalent in severe diabetes; and that failure to control the diabetic state exaggerates the liver disorder. He also reports that there is no statistically significant difference in the frequency of liver involvement in the young and older age groups.

Taub²¹ reported on liver dysfunction hyperglycemia, stating that the majority of adult diabetics have a liver dysfunction; that they are more sensitive to insulin than juveniles; that symptoms are

not as dramatically altered by insulin deprivation or insufficiency as are the young groups, and that treatment with a high carbohydrate and protein diet plus high doses of the vitamin B complex resulted in chemical and subjective improvement in the older groups.

Biskind² has pursued a similar line of thought referring to a nutritional deficiency in diabetes. This deficiency is primarily that of the B complex. It is known that estrogens are inactivated in the liver and that this process is influenced by B complex administration. Biskind's patients responded strikingly well to intensive B complex therapy showing subjective improvement, increased carbohydrate tolerance and frequently reduced insulin requirement.

Insulin

Insulin was discovered in 1921 and was first obtained in crystalline form in 1926. The pancreas contains considerable zinc, cobalt, and nickel. Salts of these metals increase the yield of precipitated insulin crystals. At the present time, solution zinc insulin crystals contain one milligram of zinc per 1,000 units of insulin. The standard strength of insulin is 24 units per milligram of crystals. Under the microscope the crystals look like dice with rounded edges. This cuboidal appearance, however, is an illusion. The crystal actually has been shown to be a twinned rhombohedron. The molecule contains 18 amino acids, according to Scott and Fisher, and its hypoglycemic effect is due to the cystein, amino, and other phenolic groups. It is hydrolyzed by pepsin, trypsin and other protein enzymes. The effect is therefore dependent upon the protein in the molecule. This accounts for its inactivation when taken orally. Any process which increases proteolytic enzymes (protein catabolism) as in infections, fever, anoxia, trauma, hyperthyroidism and anterior pituitary excess causes an inhibition of insulin action. Hagedorn¹⁵ states that until more is known of the biochemistry of the insulin molecule, its oral use is ineffectual. The molecule also contains sulphur, and total inactivation results when one-third of the sulphur content is reduced. Beef and hog pancreas is the chief source for commercial insulin at present.

Many insulins have been developed in the past twenty-five years, but at present four are on the market, namely, regular or standard insulin, solution zinc insulin crystals (crystalline insulin), pro-

tamine zinc insulin (PZI) and globin insulin. Through the efforts of the American Diabetes Association, it is hoped that soon only two strengths of insulin will be marketed, namely U 40 and U 80, to lessen the confusion that prevails. Regular and crystalline insulin are interchangeable as to indication for use and duration of effect.

Although PZI is a great boon to the diabetic, and permits many to be controlled with a single injection daily, its limitations soon become evident. Often it must be supplemented by shorter acting (crystalline) insulin. Efforts to combine long-acting PZI and short-acting soluble insulin began shortly after the development of PZI by Hagedorn in 1935. Peck¹⁶ and Colwell¹⁸ have reported most extensively on this recently. Since PZI contains an excess of free protamine, proportions of less than one part of soluble insulin to one part of PZI results in a precipitation of the soluble insulin with a loss of its prompt acting effect. Therefore, to obtain an effective mixture, soluble insulin must be in excess. Peck and Colwell report that the most effective ratio appears to be two parts of short-acting insulin to one part of PZI. Ratios of three to two, three to one, and intermediate proportions will be required in individual instances. Colwell believes that the resultant mixture is a new substance with a monophasic action, rather than one having a dual (short and long acting) effect. The duration of action of the mixture is dependent upon the zinc content, the pH, and the protamine content. The addition of zinc prolongs insulin action; lowered pH accelerates its action as does a lowered protamine content. Mixtures work nicely in many instances and contribute greatly to the lessening of the diabetic's inconvenience by permitting of only one daily injection.

Insulin functions probably as a catalyst or modulator in the phosphorylation of glycogen to hexose-1-phosphate, the first step in glycogen transition. After phosphorylation, there are several pathways open to the fate of glucose which in itself is to all intents and purposes metabolically inert. The recent work of Price, Cori and Colowick¹⁸ shows that the pyruvate oxidation in the diabetic is normal, but that glycogen resynthesis is impaired. They have shown that insulin can act in a cell free system at the level of the hexokinase reaction. Here it facilitates the release of energy in the action of the compounds adenosine-diphosphate and adenosine-triphosphate. This action

can be inhibited by adrenal extract and anterior pituitary extract. Other known functions of insulin²⁰ are: increase of liver and muscle glycogen in the diabetic organism; inhibition of liver glycogenolysis; inhibition of deamination of amino-acids (protein sparing effect); antiketogenesis; and enhancement of carbohydrate utilization and storage. Soskin states that insulin enables the body to do at low or physiological sugar concentrations that for which it would otherwise require very high sugar levels. It enhances the rate at which these processes function.

Vascular Complications

There is no doubt that insulin has prolonged the life of both the young and old diabetic. However, despite insulin, complications involving the vascular system have not been reduced. Dolger¹⁵ reported an evaluation of vascular damage in 200 patients. Of fifty-five well controlled children under twenty years of age, twenty had some degree of vascular degeneration. He points out that the vascular degeneration becomes evident on an average after thirteen years' duration of the diabetes. Priscilla White found 70 per cent of diabetic women having the disease over twenty years to have demonstrable vascular changes. The development of vascular changes is apparently not influenced by adequate control of the diabetes. However, Dillon¹⁵ points out that failure to control these patients hastens vascular complications and emphasizes the best control possible to lessen these changes.

Pregnancy and Diabetes

Pregnancy is regarded as a complication of diabetes rather than as a normal occurrence. Priscilla White²⁴ has classified the various factors in the pregnant diabetic as to maternal, obstetrical, fetal, placental and chemical phases. Hydration of both the mother and fetus is common. Eighty per cent of the babies are large due to obesity, edema or splanchnomegaly. She has formulated a regimen of therapy featuring estrogen and progesterone administration, salt restriction, protein at 2 grams per kilo body weight, carbohydrate ranging from 180 to 250 grams and adequate insulin. Her survival rate has thereby increased to 90 per cent.

In surgical complications of the lower extremities, refrigeration anesthesia for amputations has received considerable attention. Allen of New

York has ardently advocated its use. The advantages rest primarily in the marked lessening of shock to the patient, and practically no disruption of the patient's usual regime because of surgery. Many surgeons prefer to use spinal or intravenous pentothal anesthesia for amputations, however.

Coma

Coma is a waning complication in diabetes and is generally regarded as entirely preventable. Ketosis is difficult to produce without a preceding episode. Koehler¹³ gave controlled diabetics 2,000 calories extra in fat and did not provoke ketosis unless a gastrointestinal upset ensued. Dillon points out that ketosis is seldom seen when adequate insulin is used unless an infection is present. Mosenthal¹⁶ emphasizes, too, that some disorder as a gastrointestinal disturbance, alcoholism, or infection must be present to provoke coma. It is generally agreed that there is a profound insulin deficiency in coma and that insulin must be given in large amounts. It is commonly accepted that in addition to a vigorous attack on the glycosuria with insulin, prompt correction of the secondary water and mineral depletion by the use of parenteral fluid administration is essential. The use of parenteral glucose solutions in ketosis and coma is somewhat equivocal. The argument against its use is that it exaggerates the disorder since adequate sugar is present in the body needing insulin to utilize it. On the other hand, proponents of glucose contend there is an actual depletion of sugar and that it must be given with adequate insulin to facilitate glycogen deposition in the liver and hence suppress ketone body oxidation.

Intercapillary Glomerulosclerosis

An interesting pathological lesion receiving more attention recently is intercapillary glomerulosclerosis. Described by Kimmelstiel and Wilson¹² in 1936, it was thought to be specific for diabetes mellitus. The incidence varies from 40 to 60 per cent. It is featured clinically by mild to moderately severe diabetes, hypertension, albuminuria and edema. Goodhof⁸ showed that the incidence curve rises sharply in the third decade, and after a duration of the diabetes for over six years. Hyaline changes in the pancreas closely parallel the occurrence of intercapillary glomerulosclerosis.

Adequate Control

Just what is meant by good control of the diabetic has been debated since the discovery of

insulin. Various dietary schemes have been elaborated and many regimen ranging from great restriction of one or more of the dietary components to a free diet have been discussed. Mirsky¹³ commented recently in an editorial that the academic problems of the diabetic's metabolism matter little and that the good individualized discriminative care the physician gives his patient is the more significant factor. Great controversy centers around the degree of glycosuria to be permitted. Tolstoi¹⁵ disregards glycosuria up to 50 grams daily providing the patient is free of complications and feeling well. Anderson¹⁵ is emphatic in his plea for relative aglycosuria. He emphasized consideration of the effect of an elevated blood sugar level on the intrinsic islet mechanism and believed that control should be as strict as possible consistent with the patient's well being. From 4 to 12 per cent of diabetics defy control.

The obese glycosuric differs in certain respect from the thin diabetic. Simple weight reduction usually eliminates glycosuria and causes the tolerance curve to become normal. The obese diabetic does not need insulin as a rule.

The problem of treating hyperglycemia *per se* is unsettled. Many elderly persons tending to the heavy side will have hyperglycemia with a sugar-free urine. They may not feel well if the blood sugar is reduced by insulin. Mosenthal¹⁴ has long believed that a high blood sugar in itself is not harmful. Since insulin has not lessened the incidence of many complications in the diabetic, and since glycosuria and hyperglycemia are characteristic of diabetes and islet cell exhaustion has been shown to occur under these circumstances, it would appear logical to attempt to approximate the normal in the management of such cases.

Jackson¹⁵ pointed out that in the diabetic child, poor control resulted in retarded growth and maturation. He stated that the earlier children were controlled before puberty the more normal was their development.

Frank Allen¹⁵ of Boston says that the primary objective of treatment of diabetes is thorough control of the glycosuria and hyperglycemia by diet and insulin. He abandons this objective when he fails to achieve it after one year of intensive treatment; when it cannot be obtained at the expense of frequent insulin reactions; and when the patient is over sixty years of age. The majority of physicians treating diabetes mellitus keep this objective in mind. Carelessness of manage-

ment begets a careless patient who soon finds himself in difficulties of one sort or another.

Diet

It has long been known that the metabolism of protein yields some carbohydrate. Whether it is as specific as a 58 per cent yield, so commonly accepted, may be open to question. Soskin²⁰ points out that only three amino acids, aspartic, glutamic and alanine, have been shown to be converted to carbohydrate by a known pathway by separate investigators.

Conn⁴ has employed the concept of conversion of protein to carbohydrate in the treatment of hyperinsulinism by prescribing a diet high in protein and low in carbohydrate. The conversion is slow and the stimulus for insulogenesis is minimal. Emphasis on adequate protein has been prominent in the literature in various phases of medicine. The surgeon appreciates its value in tissue repair, the pediatrician in growth and the obstetrician in maternal and fetal health. Best¹⁵ thinks clinicians are using barely the minimum of protein at one gram per kilo. Adlersburger¹⁵ pointed out that using 100 grams of protein in the diet had no untoward effect on insulin requirements. It improves hypoproteinemia and caused the patients to feel better.

Frank Allen also states that sufficient protein (up to 100 grams) was accompanied by less blood sugar fluctuation and a greater satiety value of the diet. He stressed the objective of individual control of the patient and consideration of the pathologic physiology of diabetes in formulating the diet. Not only must the strain on the islet cells be relieved but consideration of such other organs as the liver must be made. He pointed out that in achieving the objective of control, at a certain point factors peculiar to the patient such as eating, the diet, and his strength, may be overlapped by factors of the chemistry, such as insulin dosage and hypoglycemia, with resultant distress and disadvantage to the patient.

In respect to the diet, Lawrence of London, himself a diabetic, says that the diet must be humane as well as scientific. Too much restriction will result in a hungry, unhappy and uncooperative patient. The trend in diet formulas appears to be toward a higher protein, higher carbohydrate and moderate caloric restriction. This implies fat restriction. Carbohydrate liberality will be controlled by individual tolerance and insulin sensi-

tivity. This again stresses the necessity for individualized treatment of the diabetic patient.

Summary

It seems generally agreed that the diabetic syndrome involves an imbalance of many factors including the endocrines, the liver and the diet. Disorder of the pancreas is not the sole factor in human diabetes. There is a relative insulin inadequacy in any event resulting either from insufficient insulin production or inhibition of its function somewhere in the cycle. The chief function of insulin appears to be its influence on the rate of carbohydrate utilization wherein it acts as a catalyst in a complex system of enzymes and co-enzymes. The diet must be humane, adequate, individualized and consistent with the disordered physiology involved in diabetes. Insulin has not lessened certain degenerative vascular complications in the diabetic, although it has greatly prolonged the lives of all who use it. The primary object of treatment is to achieve as thorough control of the deranged chemistry as is consistent with efficient individual body economy.

Bibliography

1. Althausen, T., and Stockholm, M.: *Am. J. Physiol.*, 123: 577, 1938.
2. Biskind, M., and Schrier, H.: *Exper. Med. & Surg.*, 4:299, (Nov.) 1945.
3. Colwell, A. R.: *Arch. Int. Med.*, 74:33, (Nov.) 1944.
4. Conn, J. W.: *J.A.M.A.*, 115:1669, 1940.
5. Copp, E., and Barclay, A.: *J. Metabol. Dis.*, 4:445, 1923.
6. Dunn, J., Sheehan, H., and McLetchie, N.: *Lancet*, 1:484, 1943.
7. Gellerstedt, N.: *Beitr. Z. Path.*, 101:1, 1938.
8. Goodhof, I.: *Ann. Int. Med.*, 22:373, (Mar.) 1945.
9. Gomori, G.: *Bull. New York Acad. Med.*, 21:99, (Feb.) 1945.
10. Gray, S., Hook, W., and Batty, J.: *Ann. Int. Med.*, 24:1, (Jan.) 1946.
11. Haist, R. E., and Best, C. H.: *Proc. Am. Diabetes A.*, 1941.
12. Kimmelstiel, P., and Wilson, G.: *Am. J. Path.*, 12:83, 1936.
13. Mirsky, I.: Editorial, *Proc. Am. Diabetes A.*, 1945.
14. Mosenthal, H. O.: *Proc. Am. Diabetes A.*, 1941.
15. Papers and roundtable discussion at meeting, *Am. Diabetes A.*, Toronto, 1946.
16. Peck, F. B.: *J. Indiana M. A.*, 363:340, (July) 1943.
17. Peck, F. B.: *Proc. Am. Diabetes A.*, 2:69, 1942.
18. Price, W., Cori, C., and Colowick, S.: *J. Biol. Chem.*, 100: 635, 1945.
19. Scott, D. A., and Fisher, A. M.: *J. Clin. Investigation*, 17: 725, 1944.
20. Soskin, S., and Levine, R.: *Carbohydrate Metabolism*. University of Chicago Press, 1946.
21. Taub, S., Shlaes, W., and Rice, L.: *Ann. Int. Med.*, 22: 852, (June) 1945.
22. Warren, S.: *The Pathology of Diabetes Mellitus*. Philadelphia: Lea and Febiger, 1938.
23. Warren, S., and Root, H.: *Am. J. Path.*, 1:415, 1925.
24. White, Priscilla: *J.A.M.A.*, 128:181, (May) 1945.

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MSMS

Ice cream manufacture in the United States during 1946 was enough to give every person twenty-one quarts.

Should Patients Be Ambulatory after Lumbar Puncture?

Observations on the Frequency, Cause and Prevention of Postlumbar Puncture Reactions

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THE LITERATURE on postlumbar puncture reactions is voluminous. Adding to it can be excused only by an attempt to outline what seems to be the best method of postpuncture care in private practice, and to point out what seem to be certain fallacies in evaluating these reactions. There is great disparity of opinion as to the frequency of these reactions and as to the best methods of preventing them. The private practitioner is left bewildered amid a morass of conflicting information, unable to choose rationally whether to perform the puncture with the patient lying on his side or sitting up; whether to make it a hospital procedure followed by complete bed rest for a day or two or to go to the opposite extreme and perform the puncture in the office, with the subject returning to full activity immediately afterward.

In the present study an attempt has been made to maintain conditions as nearly uniform as possible and thus overcome the criticism which may be made of some of the earlier studies which contained numerous variables, such as differences in technique, in nursing care, and in instructions to the patient. The following conditions were established:

1. All punctures were performed by the same physician in an identical manner.
2. The nursing personnel was identical at all sessions.
3. The only instructions given to the patients were those directly concerned with the ac-

tual procedure of the puncture itself. No comment regarding possible after effects was permitted (with the exception of those patients in Group III below).

4. All patients returned to the physician who performed the puncture for evaluation of symptoms twenty-four and seventy-two hours after the puncture.
5. Standard amounts of fluid were withdrawn.

The technique of performing the puncture was the usual one with the patient sitting on the edge of an operating table. Asepsis was observed. The needles used were 20-gauge, well sharpened, short beveled with well-fitted stylets. The skin and interspinous ligament was infiltrated with 2 per cent procaine hydrochloride, using a 25-gauge needle. The spinal needle was inserted with the bevel parallel to the long axis of the body, thus splitting rather than cutting the dural fibers.⁹ Withdrawal of the needle was done slowly, until fluid no longer dripped from the hub; this being an attempt to prevent herniation of the meninges into the wound. Such herniation is seemingly more frequent with rapid withdrawal which tends to drag the meninges with the needle.⁹

The patients were divided into three groups. In all three groups full activity was resumed after the puncture. Group I consisted of patients from whom 10 to 12 c.c. of cerebrospinal fluid was removed. This group established the reaction rate to be expected under the usual circumstances of ambulatory punctures. Group II was made up of patients from whom only 1.5 c.c. of cerebrospinal fluid was removed, in an attempt to determine what effect the volume of fluid removed had on the reaction rate. Group III included patients in whom the entire procedure of puncture was simulated in every detail, even to inserting the spinal needle into the interspinous ligament. In no instance in this group, however, was the epidural or subdural space entered. In an effort to evaluate psychogenic factors, all patients in this group were told that they might develop severe headaches and should go to bed if this occurred.

The severity of the postpuncture reaction was graded on the following basis:

1. *Mild*: the patient voluntarily continued on full activity although complaining of either headache or backache.

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TABLE I.

Group	Total Number Patients	SYMPTOMS							
		Mild		Moderate		Severe		None	
		No.	%	No.	%	No.	%	No.	%
GROUP I 10-12 cc. CSF removed	100	18	18	15	15	19	19	48	48
GROUP II 1.5 cc. CSF removed	76	15	19.8	5	6.5	10	13.1	46	60.5
GROUP III Simulated puncture	30	0	0	1	3	0	0	29	97

2. *Moderate*: the patient voluntarily limited his activity, spending part of the day in bed.
3. *Severe*: discomfort was so intense that the patient voluntarily remained in bed for one or more days.

Table I summarizes the findings.

From this table the following conclusions are reached:

1. The rate of postpuncture reactions is not dependent upon the amount of fluid withdrawn over a relatively wide range. (The difference in reaction rates between Group I and Group II is not statistically significant.)
2. Psychogenic influences alone are of no practical importance in producing postpuncture reactions.
3. The rate of reactions under an ambulatory regime is higher than that reported elsewhere.^{1,4,6,7,10,14,16,20,21}

The literature on postlumbar puncture reactions shows considerable disagreement as to their frequency under different methods of postpuncture care. It seems likely that the difficulty of establishing standard conditions of postpuncture observation may account for a large part of this conflict. The writer has seen several centers where punctures are performed routinely on large numbers of ambulatory patients. The usual attitude of the physicians in these centers is that reactions are not unduly common, yet when the subjects are interviewed, one is impressed by the frequency of reactions. Apparently the procedure has become so routine that the untoward after effects have come to be ignored by the physicians. In private practice such reactions come to light all too often and cannot be ignored.

The tabulation of reports on postlumbar puncture reactions (Table II) is indicative of the disagreement which exists.

As to the mechanism underlying these reactions there are again many conflicting opinions. Probably the most generally accepted theory is that the reaction is due to the loss of fluid which forms the supporting cushion of the brain.¹⁵ The total volume of the cerebrospinal fluid is variously reported as ranging from 60-80 c.c.¹¹ to 150 c.c.¹⁹ If the postpuncture reaction is due to the removal of fluid only, it is inconceivable that the loss of so small a quantity as 1.5 c.c. could alone account for the reaction. It has been suggested that leakage from the puncture wound was the cause of the phenomenon.¹⁸ This theory is supported by the demonstration that methylene blue injected into the cerebral ventricles of cadavers diffuses into the lumbar dural sac only if lumbar puncture is done.¹² Further confirmation is supplied by the finding that indigo carmine injected into the subarachnoid space via a lumbar puncture appears in the urine eight minutes after withdrawal of the spinal needle, but if the needle is left in place, does not appear for sixty-three minutes.³ The results of plugging the puncture wound with gut also indicate the part played by leakage. Nelson¹⁷ in a well controlled study reported a reduction in reactions from 16.9 per cent to 4.9 per cent by using this technique. Heldt and Whitehead,¹⁰ although recording 54 per cent reactors with the gut plug technique and only 35 per cent reactors without the plug, noted that the average duration of the reaction was eighty-nine hours without the plug, only forty-five hours with the plug.

Three cases observed in the writer's experience of some 10,000 lumbar punctures further corroborate the leakage theory. In these three instances, despite a clean puncture and careful withdrawal of the needle, there was prolonged leakage of cerebrospinal fluid through a dural herniation into the soft tissues. This leakage was evidenced by a large

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TABLE II.

Author	Number of Cases	Post-Lumbar Puncture Reaction Rate	Comment
Adler ²	a. 77 normal patients 22 constitutionally inadequate patients	7.0% 27.0%	Psychogenic factors were considered to be of great importance in causing these reactions. The reaction was theorized to be due to increased pressure, the secretion of cerebrospinal fluid being augmented by emotional factors. The other findings in this study are not statistically significant.
Blau ³	1. 211 cases resting on their return home after lumbar puncture in the clinic b. 110 ambulatory cases	29.2% 12.2%	Inasmuch as the rest cases were allowed to return home after the puncture and were not under observation, this is not a fair appraisal of the effect of rest.
Torbert ⁴	a. 100 cases resting in the hospital for 24 hours b. 211 ambulatory cases	22.0% 20.1%	The difference in reaction rate between ambulatory and rest cases is not statistically significant. Of the reactors, 97.7% of the ambulatory cases, 41.0% of the rest cases, had reactions lasting more than one day.
Levin ⁵	2217 ambulatory patients	0.7%	These punctures were performed on Army personnel. The reaction rate does not compare with any other reports and it seems likely that some observational deficiency must have existed due to the "exigencies of the service."
Stokes ⁶	Several thousand	15-25%	Stokes expects this reaction rate even with every precaution.
McCarty and Raney ⁷	a. 85 cases resting after puncture b. 85 ambulatory cases	16.4% 4.7%	Psychogenic factors were thought to be the basis of most reactions.
Greene ⁸	250 ambulatory cases	4.0%	The advantages of a fine needle with a rounded point and proper technique were stressed as important reaction-preventing measures.
Davenport ⁹	1015 ambulatory cases	32.8%	Uniformity of technique was lacking in this study, punctures being performed in different clinics by different personnel.
Heldt and Whitehead ¹⁰	1044 cases	22.9%	The effect of activity was not studied in this series, there being no indication of the type of post-puncture care.

edematous swelling about the site of the puncture and was accompanied by headache and backache more severe and persistent than any encountered in cases without this manifest leakage. Relief was obtained only by bed rest for a week or more. These and other cases of less severe reactions do not bear out the statement that, "certainly lumbar puncture headache rarely occurs when a clean puncture is made on the first attempt."⁸

These findings, together with the observation that a marked fall in cerebrospinal fluid pressure is associated with the onset of the reaction,^{13,17} completely refute attempts to explain such reactions on the basis of increased pressure. Supporters of the latter theory argue that the rapid formation of cerebrospinal fluid renders the leakage theory untenable; that large quantities, even hundreds of cubic centimeters, may be lost in cases of cerebrospinal rhinorrhea without symptoms resembling those of a postlumbar puncture reaction. In such cases, the loss of fluid is from above rather than below. Is it not probable that the supporting cushion at the base of the brain remains intact? If so, the symptoms thought to be caused by descent of the brain toward the base of the

skull with possible vascular congestion and by the pull on the brain by the weight of the spinal cord cannot occur, pressure of the fluid being higher below than above.

All of this evidence forces acceptance of the concept that leakage from the puncture wound is the immediate factor causing postlumbar puncture reactions. If this is the important factor that it seems to be, obviously activity after the puncture is undesirable. Despite the previously cited reports favoring full activity after puncture, it is still felt that the conservative method, employing bed rest, is desirable, not more than 15 per cent of the cases experiencing reactions of any severity under this regime.

The importance of cerebrospinal fluid examination when indicated (and this includes all cases of syphilis) is so great that it should never be sidestepped for fear of a reaction. If finances and circumstances permit, it seems wise to do the procedure in the hospital and follow it with twenty-four hours of bed rest. Whether to perform the puncture with the patient sitting up or lying on his side is a matter of individual choice. There is no reason to believe that performing

LUMBAR PUNCTURE—COOK

punctures with the patient sitting up increases the reaction rate and certainly this position simplifies the procedure. The patient should lie prone for at least an hour after the puncture in the hope of facilitating the formation of a fibrin plug. No pillow should be allowed, and elevation of the foot of the bed is desirable. The use of the gut plug technique is not recommended because it adds a technical difficulty and there is some question of its producing an aseptic meningitis of brief duration. Cisternal punctures, though rarely accompanied by postpuncture reactions, are a radical procedure and have left the writer with a very bad impression after seeing two nearly fatal accidents in a series of a hundred punctures.

If hospitalization is inexpedient, the practitioner should not hesitate to perform lumbar punctures as an office procedure. The following technical points are recommended:

1. The injection of 2 per cent procaine hydrochloride into the skin over the puncture site and into the interspinous ligament, using a fine needle, not only affords a more co-operative patient, but also serves as a marker for the chosen site of puncture.

2. The spinal needle should be sharp, short beveled with a rounded point, and not larger than 20 gauge.

3. Insertion of the spinal needle should be with the bevel parallel to the long axis of the body of the patient, thus splitting rather than sectioning the dural fibers.

4. Withdrawal of the needle should be slow. The stylet should never be replaced in the needle after the subdural space has been entered. This permits fluid to drip from the needle on withdrawal until the needle emerges from the subdural space.

5. The use of a needle of the Dattner type,⁵ a double needle incorporating a 25 gauge needle for actual puncture of the dura within a guide needle of 20 gauge, which is used for penetration of the skin and interspinous ligament, is most satisfactory. With a little practice it is very simple to use and the incidence of postpuncture reactions, even with ambulatory patients, is negligible. The only objection to this needle is that the fluid drips out very slowly, a half hour sometimes being consumed in collecting 12 c.c. Even this disadvantage may be partially nullified by attaching the collecting tube to the needle with a clip and

allowing a nurse or lay attendant to observe the patient during the collection. The procedure may be accelerated by using a syringe for withdrawal of the fluid, but the slower method is preferred.

As for the treatment of reactions, the best measure is bed rest without a pillow and with the foot of the bed elevated. The minimum period of bed rest in the presence of a reaction should be twenty-four hours. A high fluid intake is said to be desirable. Other measures include the administration of 1 c.c. of pituitary extract intramuscularly,² 100 c.c. of 0.5 per cent saline solution intravenously,² 50 c.c. of 50 per cent glucose intravenously, 0.3 to 0.5 Gm. of caffeine sodium benzoate intravenously. In an occasional case, these measures seemingly give relief.

SUMMARY

1. A postlumbar puncture reaction rate of 50 per cent can be expected in ambulatory patients.
2. Within wide limits, the volume of cerebrospinal fluid removed has no influence on the reaction rate.
3. Psychogenic factors alone are of no importance in causing postpuncture reactions.
4. Leakage from the puncture wound is the immediate cause of the reactions.
5. Bed rest is the best prophylactic and therapeutic measure for postlumbar puncture reactions.
6. Reactions can be minimized by the use of very fine needles of the Dattner type.

BIBLIOGRAPHY

1. Adler, Harry: A study of the Headaches following Diagnostic spinal taps. *New York State J. Med.*, 43:1328-1330, (July 15) 1943.
2. Alpers, Bernard J.: Lumbar puncture headache. *Arch. Neurol. & Psychiat.*, 14:806-812, (Dec.) 1925.
3. Baruch: Cited in Heldt and Whitehead.¹⁰
4. Blau, Albert: Reactions following Spinal Puncture. *Urol. & Cut an. Rev.*, 45:239-242, (April) 1941.
5. Dattner, Bernhard et al: The Management of Neurosyphilis. pp. 24-27. New York: Grune and Stratton, 1944.
6. Davenport, Kenneth M.: Postpuncture reactions. *New York State J. Med.*, 39:1185-1187, (June 15) 1939.
7. Greene, H. M.: A technic to reduce the incidence of headache following lumbar puncture in ambulatory patients. *Northwest Med.*, 22:240, (July) 1923.
8. Greenfield, J. G., and Carmichael, E. A.: The Cerebrospinal Fluid in Clinical Diagnosis. p. 15. London: Macmillan Co., 1925.
9. Hall, George W.: Personal communication.
10. Heldt, Thos. J., and Whitehead, Leston S.: Clinical studies in postlumbar puncture headaches. *Am. J. Psychiat.*, 93:639-648, (Nov.) 1936.
11. Howell, Wm. H.: *Textbook of Physiology*. 13th ed., p. 662. Philadelphia: W. B. Saunders Co., 1937.
12. Ingvar, Sven: On the danger of leakage of the cerebrospinal fluid after lumbar puncture. *Acta Med. Scandinav.*, 58:67, 1923.
13. Jacobus, H. C., and Frumerie, K.: About the leakage of the spinal fluid after lumbar puncture and its treatment. *Acta Med. Scandinav.*, 58:102, 1923.
14. Levin, Myron J.: Lumbar puncture headaches. *Bull. U. S. Army M. Dept.*, 82:107-110, (Nov.) 1944.
15. MacRobert, R.G.: The cause of lumbar puncture headache. *J.A.M.A.*, 70:1350, (May 11) 1918.

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Some Psychosomatic Disorders Involve the Skin

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THAT WHICH IS OBVIOUS frequently defies detection. Edgar Allan Poe utilized this theme in his story, "The Purloined Letter." The annals of science are replete with examples in which simple explanations were neglected in the search for more complex causes. This is not new. All of

us at one time or another, have disdained simplicity, being seduced by the lure of a more intricate etiology. With the scales finally removed from our eyes, we meet these situations with trite remarks: "As plain as the nose on your face," "Can't see the trees for the forest," "If it were a dog it would have bitten me," or "That's so simple, why didn't I think of it before?"

If one pauses to think, it becomes obvious that the mind can physiologically influence the soma. For example, uncomplicated syncope is characterized by changes in the soma that are psychic in origin. And more to the point, some chronic fainters will explain that they always faint at the sight of blood. The mind can induce a flow of tears. Some criers will tell you that they always cry when they hear sad music. A broiled steak before the nose of a hungry man will increase the flow of saliva. Embarrassment is accompanied by dilation of the arterioles of the face. The flushing and increased warmth are measurable, concrete and somatic. Tachycardia, clammy perspiration, dry mouth, at times diarrhea, goose pimples, dilated pupils, at times dribbling of urine, elevated blood sugar² and dyspnea are the somatic manifestations of fear. Elevation of blood pressure may be found in rage.² Convulsive movements of the face and diaphragm are present in laughter. These somatic responses to the psyche are so obvious that they are indisputable.

It is also obvious that the executive element of consciousness can bring about a contraction of the biceps or any other muscle belonging to the striated or voluntary category. To be sure, we are so

accustomed to this fact, that is, the movement of a muscle in response to the will, that we are prone to consider all psychosomatic physiology as being consciously initiated, and therefore consciously controllable. But such a conclusion becomes untenable upon adequate observation of the facts. Violent and persistent upheavals in the somatic physiology can be psychically induced with the consciousness adding nothing more than its presence as a powerless spectator. Ablation experiments and clinico-pathological studies ascribe voluntary movements to the functions of the cerebral cortex. If the movements are voluntary, they must be represented in consciousness. Still, automatisms, although they submit themselves to cortical interference, are for the most part beyond the sphere of conscious awareness. We are capable of performing a great number of movement patterns without performance realization. Vegetative dysfunctions and emotional aberrations are quite characteristic of certain organic subcortical diseases. A careful study of some post-encephalitic syndromes reveals relatively few changes creditable directly to the cerebral cortex. Judgment is not impaired and the patients can execute cortically directed movement. But still, many of these patients create the impression that they are peculiarly unresponsive to the fact that they are incarcerated within their own skin by a disease syndrome. It would seem almost as if their cortex was out of gear with the subcortex, the emotional and vegetative activity functioning independently of the individual's conscious needs.

On of my cases of post-encephalitic paralysis agitans, who disclosed no impairment of intellect, would urinate if he allowed his right hand to fall into his lap and would defecate if he allowed his left. Vasomotor flushes, tachycardia, "goose pimples," salivation, increased perspiration and other vegetative dysfunctions are well known phenomena in the chronic encephalitic. His sudden mood changes and cachinnation, the sudden attacks of anxiety and the unprovoked outburst of rage are just as well known.

From a study of chronic encephalitis we are forced to conclude that there is an interlocking relationship between vegetative and emotional physiology. Since vegetative responses are not operable through the executive element of consciousness, it would seem logical to deduce that emotional expressions are not consciously motivated.

I do not believe it necessary to debate the

postulates of James and Lange.³ Suffice it to say that every emotion is accompanied by vegetative activity, subcortically excited. To illustrate, in the psychic process that leads to shame, there is a dilation of the arterioles of the face demonstrable by flushing and increased warmth. Just because the environmental situation, provocative of shame, is frequently so immediately apparent, does not justify the assumption that the flushing of the face is caused through a conscious, wilfully executed, centripetal impulse.

I do not believe it pertinent, at this time, to explain the complex *modus operandi* of shame. Most people, many physicians included, behave toward shame as though it were consciously engendered. They pass over the obvious with nary a pause. In consequence, the obvious is not detected. If they were to pause, they would realize that no individual would wilfully execute an emotion destructive to poise, at a time when poise might be essential to self preservation. Further, regard if you will, what happens when they consciously attempt to suppress shame. Does the shame subside at the command of the will? From episodes within the sphere of your own experiences, you know that quite the contrary occurs. But that is not all. Often the ashamed person does not know that of which he is ashamed. Therefore, in these instances at least, it would be unreasonable to conclude that the shame was consciously administered.

But to continue, the newborn infant does not possess a consciousness; at least, not a consciousness as we know it. Consciousness materializes as the child learns through experience to differentiate his own being from that of his environment. But still a newborn babe may disclose the characteristic somatic changes of fear. The babe, prior to the development of consciousness, is instinctively afraid of loud noises or falling. Forcibly impede the movements of the newborn and he will exhibit the somatic physiology of rage.

Fear is essentially a self-preservative emotion. It prepares one for fight or flight. It speedily mobilizes for quick dispatch, the energy reservoirs of the soma. But I am quite certain if we were to depend upon consciousness to supervise this mobilization, we would all be dead. To illustrate: A man is casually walking across the street. He hears the horn of an approaching automobile. If consciousness were king, it would be necessary for him to reason thusly: "Horn noise is a particular type

of noise. Maybe it is a warning noise. There are many horn noises. Oh, yes, this noise is from a vehicle horn, not a steamboat, not a railroad train. Oh, I have it. It is on an automobile. Now let me see. How far away is it? Is the auto coming or going? I'm in the street. Cars always travel in the street. Is the driver of the car warning me or someone else?" Finally the pedestrian concludes he is in danger. "I'll need immediate energy. I'll summon to somatic effectiveness, the physiology of fear. Heart, beat faster for I need more blood. Muscles, become taut so that I can spring further. Liver, release glycogen to energize these additional demands upon me." And, by that time the pedestrian would be dying in the street. It has been jocosely remarked that in our metropolitan areas are two classes of people, the quick and the dead.

As with shame, the afraid person does not always know that of which he is afraid. Many people, physicians included, behave toward fear as though it were consciously mediated. At least not infrequently, a physician will advise a patient to forget his fear. From such advice, we must assume that the physician believes that the patient not only is capable of recognizing in consciousness the source of his fear, but that he is also capable of doing something about it.

I do not wish to burden you with further piecemeal dissection of the emotions. Suffice it to say that every emotion is somatically represented. The somatic physiology of the emotion is identified for the most part with the operation of the vegetative nervous system. The vegetative nervous system is the nervous system of the emotions. The vegetative nervous system is the nervous system of the organs. Organ physiology and emotional physiology are indivisible. With the intellect we reason; with the emotions we feel. Since emotional or feeling tones of varying intensities are constantly present, consistent, vegetatively energized, organ activities are constantly present. Therefore, in the study of emotions and their concomitant physiology, we are not at all oriented in a fanciful sphere of ethereal abstruseness. A study of the emotions is withal a study of energy. Refined instrumentation, the polygraph, the milliammeter capable of calibrating psychogalvanic current, not only quantitatively measure the ebb and flow of the emotional tide, but also lend information regarding the energy distribution.

The emotional or feeling tone response to an

environmental stimulus is not always a trustworthy index of the external situation. Frequently the stimulus produces neither the kind nor intensity of emotional reaction to be expected under the prevailing circumstances. It has been ascertained that the emotional pattern may be modified by the conscience. At times the emotional activity is entirely incited by conscience. The concurrent changes in the somatic physiology, because of the internal excitation, may have no contemporary relationship to the outer world. Guilt feelings are activated by conscience. Often the reason for the guilt is immediately apparent. However, an individual might suffer from an intense guilt, that incites profound psychosomatic disorders, and yet have no conscious knowledge of the real guilt source. In evaluating external reality, the conscience is often notoriously unreliable. But still this same conscience is intimately integrated with the operation of the emotions. Upon the insistence of the conscience, an individual may constantly experience embarrassment. This constant embarrassment will be somatically represented by constantly dilated facial arterioles. The persistent physiological changes may bring about actual organic changes. In consequence, the physiological activity of the embarrassment emotion may result in actual organic pathology and the process is irreversible.¹

It is not immediately obvious, but it becomes obvious, upon closer scrutiny, that often acne vulgaris is found in selfconscious individuals. Most laymen and a limited number of physicians are prone to attribute the selfconsciousness to the unsightly blemishes of the acne. But historical research frequently reveals that this type of individual has always been shy, the shyness increasing with the advent of adolescence. A resolution of the morbid shyness frequently brings about a resolution of the acne.

The conscience may operate to repress an emotion. The pent-up energy, denied its normal outlet, will utilize a less inhibited pathway of expression. The substitute pathway may be determined to some extent by constitutional predisposition. I do not wish, at this time, to elaborate upon the internal psychology of emotional distortion. Suffice it to say that for various reasons the normal cortical discharge of an emotion is prohibited. In consequence, subcortical discharges occur, utilizing other than the normal pathways. These substitute pathways are in reality blind alleys; the

aim of the emotion is not objectified. The real cause of the emotional activity is not admitted into consciousness; the energy voltage is not drained off in adequate cortical discharge. In consequence, the pent-up energy floods the vegetative end organs, inciting physiological activity that results in irreversible cellular damage. This I will illustrate by case reports.

Case Reports

Case 1.—M. R., a young woman, became afflicted by a palpable erythematous subcuticular rash, involving her face and upper thorax. The rash occurred a short time after learning that her brother's eye was blackened in a fight. This patient's skin was unblemished until she was twenty years of age. At that age she suffered her first attack of skin disease, a vesicular eruption that involved the face, elbows and knees. This initial skin derangement closely followed an automobile accident in which her sister sustained a split lip, but the patient was not physically injured. Since that accident, any attempt of aggressiveness on the patient's part brought about a skin eruption.

Case 2.—M. R., a woman patient, thirty-one years of age complained of hyperemia and "breaking out" of the skin of the upper extremities, trunk and face. A medicinal, dietary and rest regime failed to influence the skin eruption. The patient was involved in an illicit love affair. It was ascertained that the object of her affection was attempting to dissolve the relationship. An adjustment of this conflict brought about a resolution of her skin disease.

Case 3.—E. N., a woman thirty-nine years of age, suffered from allergic-like type of dermatitis. During a twenty-year separation from her husband, she practiced sexual continency. However, a reawakening of her sex urges brought about conflict with her strong ethical sense. Financial difficulties, if not motivating the renewed sexual interest, at least increased the anxiety. A solution of her biologic and economic problems terminated the dermatitis.

Case 4.—Mrs. M. M., thirty-five years of age, suffered from a skin eruption of four or five months' duration. At times her face would flush and feel "terribly hot," and it would be necessary for her to fan herself. The eruption finally became vesicular and the disfigurement caused her to discontinue work. Local applications to the face and a dietary regime were not effective in mitigating the skin condition. Finally a psychiatric history was obtained and the following facts disclosed: Prior to six or seven months ago the patient had been a trusted confidential secretary to one of the superior officers of the firm. About six months ago the internal organization of the firm was rearranged. A new office manager superseded the patient. This new office manager was rather brusque in his commands and he struck the patient as being very inconsiderate. One day, upon

my advice, she had it out with this man. My instructions she "acted out" rather literally. She flew into a rage and threw a bundle of card files across the room. The next day the skin eruption disappeared. A better understanding was reached between her and the manager. So far as I know, there has been no recurrence of her symptoms.

Case 5.—Mrs. A. J. K., thirty-five years of age, presented herself for treatment because of erythematous dermatitis that involved the neck and wrists. Alpine light therapy and Lassar's paste were not effective in reducing the skin irritation. It was learned that the wearing of wool produced an intense exacerbation of the skin lesions. Upon careful observation the following important observation was made: The skin lesions recrudesced when her husband was home. Upon tactful questioning, it was finally discovered that her husband was brutal, lacking in affection towards her, that they did not speak for days at a time and that he had embarrassed her by not meeting her financial obligations. A solution of the marital conflict brought about a resolution of the dermatitis. Since that time the patient has been able to wear wool without the wool causing a skin irritation.

Case 6.—H. E., an epileptic, twenty-eight years of age, broke out with the hives upon reading "The Silver Lute," a book given to her for a Christmas present. A re-reading of the book intensified the hives. Also, the hives were much more severe after an argument with her husband.

Case 7.—A. H., twenty-two years of age, presented herself for treatment because of a pruritic skin lesion involving her entire body. A resolution of her conflict with her mother brought about a cessation of the skin lesions.

Case 8.—M. H., a woman, twenty-eight years of age, was afflicted with a skin eruption that involved the face and neck. Because of the intermittent character of the disease, it was thought at first, that local treatments, dietary and rest regimes were beneficial. However, acute exacerbations of the eruption would occur without any apparent interruption in the treatment program. Closer observations revealed that these exacerbations were associated with increased perspiration, elevation of blood pressure, tachycardia and loss of weight. To the psychiatrist, these vasomotor changes indicate anxiety. A psychiatric history was obtained. It was learned that the patient had married against her mother's wishes. A short time later her husband died. Following this episode each new development of heterosexual interest brought about vituperative and belittling comments from the enraged mother. The recent exacerbation of the skin lesion coincided in time with the development of a new heart interest. This new alliance was accomplished by the customary mother conflict situation. A good rapport was established and the patient was encouraged to defy her mother, pointing out that the mother unjustifiably was pre-empting the

patient's prerogatives. Sufficient emotional emancipation resulted that the patient was able to marry again. A partial resolution of the mother conflict was followed by marked improvement.

Case 9.—B. H., a young woman, suffered from a generalized skin disease of many years' duration. The skin became indurated, probably as a reaction to the frequent moist weeping areas on its surface. The indurations disfigured an otherwise beautiful girl. Emotional orders of a hysterical nature were frequently in evidence. Her friends attributed the hysteria to her skin disease. There was a nocturnal pruritus, sufficiently intense to prevent her from sleeping. Long into the night, the father massaged the skin with cold cream while the mother slept. Accidentally and with no specific therapy in mind the patient was sent away from home. This was more for protection of the mother's health than for the patient's welfare. Peculiar to relate, the skin lesions subsided, the indurations, probably edematous, gradually disappeared. After several month's absence, the skin surfaces attained a condition somewhat approximating normal. She returned to Detroit and the skin surfaces slowly but surely became eczematous, pruritic and weeping. One would immediately suspect that she was sensitive to some foreign protein existing in the home. But it must be pointed out that she spent weeks upon end in the hospital in starch and oatmeal baths, anointed with this or that medicament, and still the lesions persisted. She was tested for sensitivity to foreign proteins, and the proteins to which she reacted were eliminated as far as possible from her diet and room surroundings. However, the father was allowed to visit her, and he was a very faithful father. The skin lesions persisted. Quite by accident she was again removed from the home environment and the lesions promptly subsided.

Summary and Conclusion

Emotional physiology and vegetative physiology are inseparable. The normal emotion, although subcortically incited, cortically discharges energy against an external object. On the other hand, the pathological emotion, denied normal egress, canalizing vegetative pathways, utilizes some area of the body as a target for bombardment. This bombardment produces cellular changes of pathological magnitude. Chronic lesions of the skin, that prove to be intractable to local or systemic agents of therapy, may be manifestations of deranged emotionalism. Correction of the emotional disturbance often corrects the skin disorder.

References

1. Alexander, F. Franz: Medical Value of Psychoanalysis. P. 232. 1936.
2. Cannon, Walter B.: Bodily Changes in Pain, Hunger, Fear and Rage. Pp. 49-79. 1934.
3. James and Lange: Emotions. Baltimore. 1922.

Methemoglobinemia from Nitrates in Well Water

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THUS FAR three papers have appeared in the literature describing methemoglobinemia in infants from the ingestion of well water containing excessive amounts of nitrates. I believe this to be the first case reported in Michigan. It is of particular interest because the child received a formula made with the high nitrate content water for only twenty-four hours and became extremely ill. The case report follows:

Case Report

B.W., four weeks old. Birth was a normal spontaneous delivery, and an uneventful postnatal development followed. The child was placed on a formula of Biolac 1 part to water 1.5 parts. On Sunday he went to the home of his grandparents where in the evening a formula was made using their boiled well water. This was used for the next twenty-four hours only. The child remained normal until about twenty hours after ingestion of the first feeding with this formula. Then he began to develop cyanosis which became severe by late evening and persisted. The alarmed parents took him to a physician* the following afternoon.

At that time physical examination by the referring physician showed an intensely cyanotic-appearing infant with slow, sighing respirations. He was unable to find any evidence of central nervous system, cardiac, or pulmonary disease, although there was distention of all veins.

About an hour later, during which time the baby had received continuous oxygen for about three-quarters of an hour, I saw the child and confirmed the referring physician's findings. It was realized that the oxygen was not reducing the cyanosis appreciably, although respirations were improved, and the baby cried.

A tentative diagnosis of methemoglobinemia from nitrates in well water was made, and 1.1 c.c./kilogram body weight of 1 per cent methylene blue was administered intramuscularly with startling results. In a half hour the distended veins became less apparent, and the body became pinkish blue. After an hour, only a very minimal cyanosis of the finger tips was still apparent, and respirations had returned to normal. Laboratory examinations, including chest x-ray, urinalysis, and blood count, were normal. There was considerable local reaction to the methylene blue which subsided without abscess formation. The child continued to improve and was discharged three days later. The parents were advised to use crystal water until the report of the well water was available.

*Dr. E. S. Huckins.

The report from the Michigan Department of Health follows:

Parents' Well Water	Grandparents' Well Water
Nitratesnone	Nitrogen as nitrates243.5 PPM
Chlorides740 PPM	Chlorides200 PPM
Not contaminated	Bicarbonate as CaCO ₃339 PPM
	Not contaminated

Discussion

1. The essential finding for a clinical diagnosis of methemoglobinemia in infancy is apparent cyanosis without demonstrable cause. Cardiac, pulmonary, and central nervous system syndromes are the main causes of true cyanosis and in these severe instances can usually be ruled out clinically. Other toxic agents such as sulfonamides causing methemoglobinemia must also be considered in the differential diagnosis. In most places methemoglobin determinations are not available, and of course one would not wait for water reports before treatment.

2. Methylene blue therapy is excellent in results and apparently without danger.

3. With the increasing literature showing more cases of methemoglobinemia it would be a worthwhile project for all physicians to advise parents who must give their infants well water to have it analyzed for nitrates before the baby arrives.

Since the writing of this article a second proven case was seen in Bay City. The water in this case showed a nitrate level of 154 PPM and nitrates of 14.7 PPM.

Bibliography

1. Comly, H. H.: J.A.M.A., 129:112, 1945.
2. Ferrant, M.: J. Ped., 29:585, 1946.
3. Faucett, R. L., and Miller, H. C.: J. Ped., 29:593, 1946.

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they claim. Insurance is voluntary, and not compulsory. A tax is compulsory—that's what makes it a tax. There is need for action. The present poor relief system has great gaps, and has grown haphazard. Government must provide for this relief.

Voluntary health insurance is presently the problem of the medical profession, and is being supplied. The Government could, but should not enter this field. Always insurance has been privately developed. It has always been recognized that the indigent are the responsibility of the government, so that anyone who needs medical care may have it, and need not be denied because he cannot pay.

Reliance on and operation of the free system of medical care has made the United States the progressive country it is. Our longevity has increased to sixty-seven years. Shall we throw away that system?

Editorial

THE FAMILY DOCTOR

THE TRAINING of doctors for family and home service is occupying increasingly more attention throughout the medical world. At a conference on medical education held at the University of Michigan, May 20, 21 and 22, 1947, speakers reported that 53 per cent of the nation's doctors are now specialists, and eighty per cent of the students now in medical colleges are contemplating specializing.

Eighteen out of twenty deans of medical schools in answer to a questionnaire regarding subjects to be discussed at the next National Conference on Medical Services submitted first, "The Training and Continued Education for General Practice," and second, "Means and Methods of Stimulating Interest in Rural Medical Practice." They realize that medical educators have overemphasized specialty training. Some wrote at some length about this problem.

Several resolutions were introduced in the House of Delegates of the American Medical Association at the 1947 annual meeting in Atlantic City calling upon the specialty boards to require from three to five years of private general practice before a candidate can qualify for the specialty board examination and certificate. This thought was repeated time and again, and was mentioned by many speakers. Admiral Clifford A. Swanson, Surgeon General of the Navy, stressed the need of training in general practice, and bemoaned the tendency of young men to rush immediately into special training. Several specialty boards have denied that they have stimulated this bypassing of general practice by their requirements for special training.

Colliers' for May 17, 1947, reports the situation in Detroit while discussing the difficulty of getting a doctor for family attention. In Detroit there are 613 full-time specialists, 762 part-time specialists, and only 637 are general practitioners. In another Michigan City, in a recent survey of the seventy doctors of medicine, there were thirty-seven F.A.C.S. or American Board certificate holders, others just doing limited practice, and only twelve who would accept and make calls as general practitioners. In still another city only 20

per cent are listed and serving as general practitioners.

In Atlantic City the writer met a group of recently graduated young doctors attending the meetings who are worried about their future. All but one were planning on entering some specialty because they believe the returns in prestige and income will be greater, but also because they fear that general practice would offer too little real opportunity. They failed to appreciate the fact that there never was a better opportunity than right now. We have had a period of accelerated courses and fewer premedics because of the war, with the natural consequence of a lesser number of doctors for general or any other practice. They just are not being produced, and those who are finishing have a term to serve in the military services because of obligations to the armed forces. Also of the returned temporary military medical officers, about 20,000 are taking some form of post-graduate study, many of them planning for the specialty board examinations. The ranks of general practice, therefore, will be wide open and needful of recruits.

The deans, the educators, the leaders in medical society thought are concerned over the large percentage of young men who are planning on specialties without the intermediate step of private general practice. Maybe some of our young men will try general practice, and perchance they might find their forte.

Would the 4,700 active doctors in Michigan be interested in building up a revolving fund of \$200,000 to grant medical school scholarships to young physicians who agree to spend five years in general practice in a rural area? We could at least ask the Legislature to set aside such a fund. Illinois proposed such a fund during the last Legislature. Tennessee and Georgia have made similar moves.

WHAT OF OSTEOPATHY?

WE HAVE AVOIDED the subject of osteopathy for too long a time. As editors, we have made no comments or suggestions for guidance of the profession, and as doctors we have all

had our own ideas, and different ideas of procedure, but have done nothing. Some of us are intolerant, some refuse to face facts, but in general, the profession does not agree among themselves. Still the subject will not be ignored.

Various departments of the government, national and state, have recognized osteopathy as a profession. Almost every state has granted them licenses to practice. For some years they practiced osteopathy, but they have gradually encroached upon the practice of medicine to such an extent that the general public cannot tell by their actions whether they are not in fact doctors of medicine.

The public is genuinely interested and is attempting to improve medical service. It wants the best quality, and it is up to the public to set its own criterion for such services. The medical profession may advise but should not, or at least cannot, consider themselves exclusively qualified to override or direct public opinion.

The osteopathic profession is here, has been among us for many years and cannot be ignored. Government agencies have recognized osteopaths for care of everyone but soldiers. Many states have recognized them for services in industry, in fact, for every service medical men can render except to certify for mental conditions, and that was attempted in S.B. 215, in the 1947 Michigan Legislature.

This condition is the result of a gradual growth over a period of years. At the beginning, when a few osteopaths broke over the line and began doing types of professional practice they were not licensed to do, or prepared to do, they could not be stopped because they had captured the sentiment of the public, and every attempt to keep them in the limits of their own osteopathic services was considered persecution.

A situation is upon us and it needs the best consideration of which we are capable. We shall have more to say on this subject in the near future, but in the meantime we invite our readers' attention to a vital topic.

NEW COUNCILOR ELEVENTH DISTRICT

OSCAR D. STRYKER, M.D., Councilor of the eleventh district, has resigned because of retirement from private practice. He will be health officer of Macomb County. Dr. Stryker has been a valuable man on the Council and part of the time

on the Executive Committee. He was a member at first as Speaker of the House of Delegates. When Dr. R. H. Holmes went into Army service Dr. Stryker succeeded him on the Council. We



OSCAR D. STRYKER, M.D.



ROY HERBERT HOLMES, M.D.

shall miss his genial presence and his valuable counsel.

Roy Herbert Holmes has been appointed by President W. A. Hyland to fill the position on the Council made vacant by Dr. Stryker's resignation.

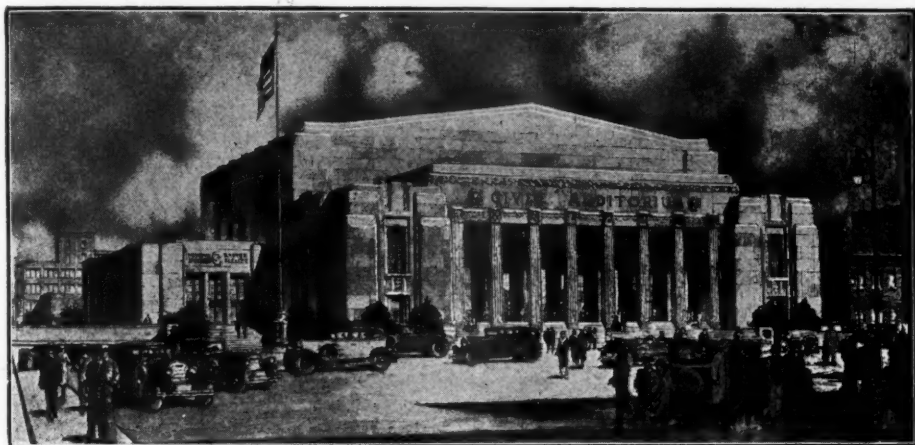
Dr. Holmes served on the Council for six years, three of these as editor. He was absent five years due to Military Duty and now returns to his former Council membership. Dr. Holmes brings to the Council years of experience and familiarity with state medical affairs.

We welcome a returned brother.

GRAND RAPIDS — THE CONVENTION CITY

THE TIME and the place for the 1947 Sessions of the Michigan State Medical Society could not be better selected. It is a pleasure to go to Grand Rapids, and September 22 to 26, 1947, will be ideal for weather and time of year.

from Canada at Detroit, 30 miles from Lake Michigan. Four major railroads, 21 common motor carriers and 20 airplane passenger transport flights a day in all directions assure quick connections with major markets.



CIVIC AUDITORIUM—GRAND RAPIDS

You'll like Grand Rapids because it has just everything for your pleasure, your comfort, your health and your profit. Whatever your interests, Grand Rapids affords fullest advantages. Here are all forms of recreation, large volume business, central location and convenient transportation facilities in every direction.

Founded as an Indian trading post by "Uncle" Louis Campau in 1826, Grand Rapids has grown steadily in population, in industrial and commercial importance and cultural significance.

Scenic hills, quiet streams, shaded streets form the jeweled setting in which live a happy, energetic, prosperous people. Rich in natural resources, Grand Rapids is also possessed of a superb climate, where cool breezes soothe and invigorate the heat-weary, out-state visitor in summer. Winters are moderate and stimulating.

With a contiguous area exceeding 250,000 population and a wholesale trading area of 1,552,646, Grand Rapids is truly metropolitan in all respects, with major facilities of commerce, industry, government, schools, churches, hospitals, public utilities, city transit, intercity transport, highways, airways, parks, amusement centers and residential areas.

Second city of the nation's leading industrial state, Grand Rapids is but 85 miles from the Indiana state line, 170 miles from Chicago, 150 miles

Any of 250 lakes and trout streams for fishing, boating and rest can be reached within an hour from Grand Rapids. Ten minutes' drive will take you to one or more of eight sporty golf courses that welcome visitors. Bathing beaches and pools, tennis and badminton courts, skating rinks and dance pavilions, theaters, baseball parks and recreation centers afford superb amusement, in and around the city.

Grand Rapids is constant and even-keeled economically. Employment is stable. Co-operation is the keynote of industrial relations. Hydro-electric power, natural gas and Lake Michigan filtered water, furnish low-cost utilities. An efficient commission-manager municipal government rules. A charter provision limits taxation. Health and education standards are high. Churches flourish.

Ample air-conditioned convention facilities, hotels, auditoriums and exposition halls, restaurants and refreshment establishments attract scores of conventioning groups, recalling them year after year.

At the end of Lyon Street, immediately adjacent to Campau Square, stands the magnificent Grand Rapids Civic Auditorium—a structure that has won national renown for its architectural beauty and commodious utility. The Auditorium was opened to the public on January 1, 1933. Ever since its opening it has been Grand Rapids' lead-

GRAND RAPIDS THE CONVENTION CITY

ing center for educational and entertainment attractions and has drawn many of the greatest national, fraternal, trade and professional conventions to the city.

vided by a bond issue approved by the municipal electorate.

If golfing is one of your favorite sports, you'll find much to wax enthusiastic about in Grand



CLUB ROOM—KENT COUNTY MEDICAL SOCIETY

Five thousand persons can be seated in the auditorium proper. At the north end of this main assembly room is a stage 98 feet wide and 36 feet deep, completely equipped with scenery props, full-size switchboard for border floodlights and footlights and for suffusing the auditorium illumination. The stage also has an orchestra lift, 50 feet long by 8 feet wide, which easily lifts an entire symphony orchestra from basement to stage. A subway connects with the city's largest hotel just across the street.

An auxiliary auditorium, known as the Black and Silver Room, is one of the most beautiful rooms of its kind in the world. It will seat 800 persons and in addition to being used as an auditorium is frequently converted into a ballroom.

In each of the two main auditoriums there is excellent and complete voice amplifying and stage equipment. The air-cooling system with which the Auditorium is equipped is considered the finest in the country—even in the warmest weather the temperature can be regulated to 70 degrees or less. There are also 44,000 square feet of fully equipped exhibit space. The Civic Auditorium was constructed at a cost of \$1,500,000, funds being pro-

Rapids. Golf is undoubtedly one of the most popular outdoor games here. There are no less than eight excellent courses in and around the city. In addition to private country clubs such as Blythefield, Cascade Hills, Green Ridge, Highlands and Kent, there are a number of good municipal and other public links—Gracewil, Indian Trails, Lincoln and Ridgemoor—all standard courses, on which the visitor may play for a nominal fee.



MONROE AVENUE
LOOKING
WEST

THE 82nd ANNUAL SESSION

MICHIGAN STATE MEDICAL SOCIETY

Grand Rapids



WM. A. HYLAND, M.D.
Grand Rapids
President



E. F. SLADEK, M.D.
Traverse City
Chairman, Council



JOHN S. DETAR, M.D.
Milan
Speaker

OFFICIAL CALL

The Michigan State Medical Society will convene in Annual Session in Grand Rapids, Michigan, on September 21, 22, 23, 24, 25, and 26, 1947. The provisions of the Constitution and By-Laws and the Official Program will govern the deliberations.

WM. A. HYLAND, M.D.
President

E. F. SLADEK, M.D.
Council Chairman

J. S. DETAR, M.D.
Speaker

R. H. BAKER, M.D.
Vice Speaker

Attest:

L. FERNALD FOSTER, M.D.
Secretary



L. FERNALD FOSTER, M.D.
Bay City
Secretary



R. H. BAKER, M.D.
Pontiac
Vice Speaker



P. L. LEDWIDGE, M.D.
Detroit
President-Elect

ANNUAL SESSION INFORMATION

DIRECTORY

Headquarters and Registration.....	Civic Auditorium
Telephones: 9-1145, 9-1748, 9-1403	
Hotel Headquarters.....	Pantlind Hotel
Telephone: 9-7201	
Scientific and Technical Exhibits.....	Civic Auditorium
General Assemblies, Black and Silver	
Ballroom.....	Civic Auditorium
Telephones: 9-1156, 9-1751, 9-1313	
Press and Publicity Room, Room F.....	Civic Auditorium
MSMS Hospitality Booth,	
Exhibit Floor.....	Civic Auditorium
Woman's Auxiliary, Headquarters	
and Registration.....	Pantlind Hotel

Meeting Rooms

Pantlind Hotel

Ballroom—West of lobby—up grand staircase
 Grill Room—Northwest corner (next to the Pub)
 Schubert Room—Southwest corner of hotel.
 Use corridor from lobby.
 Sadler Lounge—Southwest corner of hotel, one flight up from lobby floor.
 Furniture Club—Mezzanine floor, off Writing Room, to the west.
 Continental Room—South lobby.
 Room 222—Second floor, turn left from elevators.
 Room 322—Third floor, turn left from elevators.
 Room 327—Third floor, turn left from elevators.

Civic Auditorium

Black and Silver Ballroom—west side of building (through exhibits)
 Room F—(Press and Publicity Room)—south of Black and Silver Ballroom, off lobby (through exhibits)
 Room G—above Room F (through exhibits)
 Red Room—southwest corner, second floor, next to Room G (through exhibits)

♦ **Registration**—Tuesday noon to Friday noon, September 23-26, exhibit floor, Civic Auditorium, Grand Rapids. No registration fee to MSMS members.

Admission by badge only to all scientific assemblies, section meetings, discussion conferences and to the exhibits.

Bring your MSMS or AMA membership card to expedite registration.

♦ **Michigan Doctors of Medicine, not members**, if listed in the American Medical Directory, may register as guests upon payment of \$5.00. This amount will be credited to them as dues in the Michigan State Medical Society FOR THE BALANCE OF 1947 ONLY, provided they are accepted subsequently as members by their County Medical Society.

♦ **Guests**—Members of the American Medical Association, from any state, or from a province of Canada, and physicians of the Army, Navy and U. S. Public Health Service are invited to attend, as guests. No registration fee. Please present credentials at the Registration Desk.

Bona fide doctors of medicine serving as interns, residents, or who are associate or probationary members of county medical societies, if vouched for by an MSMS Councilor, or the president or secretary of a county medical society, will be registered as guests. Please present credentials at the Registration Desk.

PAPERS WILL BEGIN AND END ON TIME

Believing there is nothing which makes a scientific meeting more attractive than by-the-clock promptness and regularity, all meetings will open exactly on time, all speakers will be required to begin their papers exactly on time, and to close exactly on time, in accordance with the schedule in the program. All who attend the meeting, therefore, are requested to assist in attaining this end by noting the schedule carefully and being in attendance accordingly.

♦ **Telephone Service**—Local and Long Distance telephones will be available at entrance to Black and Silver Ballroom in the Civic Auditorium, as well as in the Pantlind Hotel.

In case of emergency, doctors will be paged from the meetings by announcement on the screen.

During meetings call 9-1813, 9-1983, 9-1313.

At other hours, call the Pantlind Hotel, 9-7201, or the Registration Desk in the Exhibit Hall, Civic Auditorium, 9-1145 or 9-1977.

♦ **Checkrooms** are available in the Pantlind Hotel, and in the lobby of the Exhibit Hall, Civic Auditorium.

♦ **Each Guest Essayist** is very respectfully requested not to change the time of his lecture with another speaker without the approval of the General Assembly. This request is made in order to avoid confusion and disappointment on the part of some members of the audience.

♦ **"Ubiquitous Hosts"**—The following Doctors of Medicine have placed themselves generally at the disposal of the 28 guest essayists who are on the Program of the 82nd Annual Session in Grand Rapids; they will demonstrate the meaning of Michigan Hospitality: N. L. Avery, Jr., M.D., W. J. Butler, M.D., C. B. Beeman, M.D., C. M. Bell, M.D., J. R. Brink, M.D., B. R. Corbus, M.D., C. V. Crane, M.D., R. H. Denham, M.D., Leon DeVel, M.D., J. C. Foshee, M.D., M. A. Hill, M.D., M. J. Holdsworth, M.D., H. P. Kooistra, M.D., J. W. Logie, M.D., R. G. Laird, M.D., J. D. Miller, M.D., C. A. Payne, M.D., L. P. Ralph, M.D., C. M. Sidell, M.D., E. W. Schnoor, M.D., W. H. Steffensen, M.D., L. J. Schermerhorn, M.D., C. P. Truog, M.D., A. B. Thompson, Jr., M.D., W. R. Torgerson, M.D., W. R. Vis, M.D., Merrill Wells, M.D., all of Grand Rapids, and W. A. Stryker, M.D., of Detroit.

Sincere thanks are extended these hosts for their tangible help in making the MSMS Annual Session an outstanding success.

You Are Cordially Invited
 To Visit the

MICHIGAN STATE MEDICAL SOCIETY HOSPITALITY BOOTH

Opposite the Registration Desk
 Exhibit Hall, Civic Auditorium

TWENTY-THREE DISCUSSION CONFERENCES

These question-and-answer "quiz periods" will be held Tuesday-Wednesday-Thursday-Friday, September 23-24-25-26, at 4:30 to 5:30 p.m.—except on Friday when the Surgical, Medical, and Pediatric quizzes will be held as noon-day luncheons.

An opportunity to ask questions concerning the presentations of the guest essayists, or to discuss any interesting case with the out-of-state speakers, is provided at the Discussion Conferences. A convenient form is printed in the Program on which questions may be written and handed to the Secretary of the General Assembly immediately after the termination of the lecture.

♦ **Public Meeting**—The evening Assembly of September 24—President's Night—will be open to the public. Invite your patients and other friends to this interesting meeting, to be held in the Ballroom of the Pantlind Hotel, Grand Rapids. The program is highlighted by:

- 8:30 p.m.—President's Address
Induction of President-Elect
- 9:30 p.m.—Biddle Lecture by Admiral Clifford A. Swanson, USN, Surgeon General of the Navy, Washington, D. C.

♦ **State Society Night**—Thursday, September 25.

10:30 p.m.—An evening of entertainment for MSMS members and their ladies. Ballroom, Pantlind Hotel, Grand Rapids.

♦ **Scientific and Technical Exhibits**—119 displays—will open daily at 9:00 a.m. and close at 5:00 p.m. except Tuesday when the show opens at noon and except Friday when the show closes at 11:30 a.m. Frequent intermissions to view the exhibits have been arranged before, during and after the General Assemblies. The public is barred from the exhibits.

PLEASE REGISTER AT EVERY BOOTH

♦ **Burton R. Corbus, M.D.**, Grand Rapids, is General Chairman of the Grand Rapids Committee on Arrangements for the 1947 MSMS Annual Session.

♦ **Committee on Scientific Exhibits**—J. W. Logie, M.D., Grand Rapids and John M. Wellman, M.D., Lansing.

♦ **Press Relations Committee** for the scientific session—C. A. Payne, M.D., Chairman, assisted by G. T. Aitken, M.D. and J. R. Brink, M.D., all of Grand Rapids.

♦ **Guest Golf**—The Chairman of the Grand Rapids Committee has arranged that MSMS members may play at all country clubs in the Grand Rapids District upon presentation of MSMS Membership Card and payment of greens fees.

♦ **Transportation**—The Pere Marquette Streamliners afford a convenient means of transportation to the MSMS Annual Session in Grand Rapids for hundreds of physicians in the central and southeastern part of the State. The General Assemblies have been so arranged in 1947 (from Tuesday noon to Friday noon) that doctors may arrive and depart conveniently on the Streamliners. Order reservations well in advance.

♦ **The Committee Organization Dinner**, a meeting of MSMS Committee chairmen appointed by President-Elect P. L. Ledwidge, M.D., to serve during the year 1947-48, will be held Tuesday, September 23, in the Sadler Lounge, Pantlind Hotel, 7:00 p.m.

♦ **Register at Every Booth**—there is something of interest or education in the large exhibit of 119 scientific and technical displays. Stop and show your appreciation of the exhibitors' support in helping to make successful the 1947 MSMS Convention.

♦ **Seven General Assemblies**—Twelve Sectional meetings—Twenty-three Discussion Conferences on September 23-24-25-26.

♦ **House of Delegates, MSMS**, convenes Sunday, September 21 at 2:00 p.m., Ballroom, Pantlind Hotel; it will hold two meetings on Monday, September 22, at 10:00 a.m. and at 8:00 p.m., and conclude with a breakfast and meeting Tuesday, September 23, at 8:00 a.m.

♦ **Parking**—Please do not park your car on the street. Convention parking near the Civic Auditorium will be marked off with suitable sidewalk signs. The Grand Rapids Police Department will issue courtesy cards (at Registration Desk) for out-of-town autos, which give parking privileges but do not apply to metered spaces. Nearby parking lots are available, as well as convenient indoor parking facilities. The indoor parking rate at the Pantlind Garage is \$1.00 for twenty-four hours. This is close to the Pantlind Hotel.

WHETHER YOU DRIVE



OR COME BY TRAIN



OR BUS



OR BOAT



OR ELSE BY PLANE



GRAND RAPIDS WELCOMES YOU

ATTRACTIVE PROGRAM

To which the wife of every MSMS member is
Cordially invited

♦ Meetings of Special Societies, Alumni and Auxiliary Groups.

1. **Michigan Society of Anesthetists**, Thursday, September 25, Room 222 Pantlind Hotel, 7:00 p.m., dinner.
2. **Detroit Urological Society**, Tuesday, September 23, Room 222, Pantlind Hotel, 7:00 p.m., dinner. Speaker: George H. Ewell, M.D., Madison, Wisconsin—"The Surgical Complications of the Polycystic Kidneys."

The Detroit Urological Society will sponsor a pyelogram clinic on Wednesday, September 24, from 2:30 to 4:30 p.m. in Parlor G, Civic Auditorium, Grand Rapids. Members of the DUS and all other MSMS members who are interested are cordially invited.

3. **Michigan Pathological Society**, Friday, September 26, Room 222, Pantlind Hotel, beginning at 12:00 Noon and continuing through Friday afternoon and evening and also Saturday morning, September 27. Alan Moritz, M.D., Boston, Mass., and Mr. F. Roland Allaben, LL.B., G.R., will be the principal guest speakers.
4. **Alumni of Northwestern University School of Medicine** will meet Wednesday, September 24 at the Peninsular Club, Grand Rapids, 12:30 p.m. The luncheon is being arranged by Co-chairmen L. S. Griffith, M. D., P. W. Willits, M.D., J. H. Beaton, M.D., H. J. Damstra, M.D. and E. W. Schnoor, M.D., all of Grand Rapids.
5. **Alumni Association of Loyola University School of Medicine** will meet Tuesday, September 23, Room 322, Pantlind Hotel, 7:00 p.m., dinner.
6. **Wayne University Alumni Association** will hold "open house" from Tuesday noon to Friday noon, September 23-26—Parlor D, Mezzanine floor, Pantlind Hotel.
7. **The Medical Assistants Conference**—Wednesday, September 24. Schubert Room, Pantlind Hotel, 4:00 p.m., followed by dinner at 6:30 p.m.

Program:

- (a) "Medical Economics and What the 'Lefts' are Thinking"—L. Fernald Foster, M.D., Bay City, Secretary, Michigan State Medical Society.
- (b) "What the Michigan Medical Profession is Doing—The Answer of the 'Rights'"—Jay C. Ketchum, Detroit, Executive Vice President, Michigan Medical Service.
- (c) "Health in a Package"—Hugh W. Breneman, Lansing, Public Relations Counsel, Michigan State Medical Society.
- (d) "The Pacific was not so Pacific"—(Illustrated by motion pictures) J. Duane Miller, M.D., Grand Rapids, Councilor Fifth District, Michigan State Medical Society.

Secretaries of all MSMS members are cordially invited to attend this informative Conference. No fee.

♦ **Postgraduate Credits** are given to every MSMS member who attends the Annual Session.

**THE 119 EXHIBITS WILL REMAIN OPEN FOR
YOUR INSPECTION UNTIL 5:00 P.M. ON
TUESDAY, WEDNESDAY, AND THURS-
DAY; AND 11:30 A.M., FRIDAY**

Have You Made Your
HOTEL RESERVATIONS?

MICHIGAN STATE MEDICAL SOCIETY

82nd Annual Session

Grand Rapids, September 23-24-25-26, 1947

The reservation blank below is for your convenience in making your hotel reservations in Grand Rapids. Please send your application to J. W. Logie, M.D., Chairman of Housing Committee, c/o Pantlind Hotel, Grand Rapids, Michigan. Mailing your application now will be of material assistance in securing hotel accommodations.

As very few singles are available, registrants are requested to co-operate with the Housing Committee by sharing a room with another registrant.

**J. W. Logie, M.D., Chairman, Housing Committee,
Michigan State Medical Society Annual Session,
c/o Pantlind Hotel, Grand Rapids, Michigan.
Please make hotel reservation(s) as indicated below:**

.....Single Room(s)

.....Double Room(s) forpersons

.....**Twin Bedded Room(s) for ...persons**

Arriving Septemberhour.....A.M.....P.M.

Leaving Septemberhour.....A.M.....P.M.

(Names and addresses of all applicants including person making reservation).

Name	Address	City	State
------	---------	------	-------

.....

Date Signature

Address City.....



GEORGE



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116

GUEST ESSAYISTS



F. ROLAND ALLABEN,
LL.B.



R. J. ARMSTRONG,
M.D.



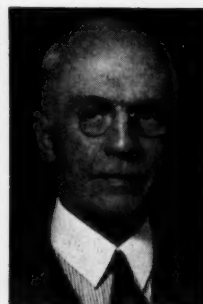
JOSEPH D. ARONSON,
M.D.



W. WAYNE BABCOCK,
M.D.



ARCHIBALD D. CAMP-
BELL, M.D.



RUSSELL L. CECIL,
M.D.



GEORGE M. CURTIS,
M.D.



MICHAEL E. DEBAKEY,
M.D.



CLAUD F. DIXON,
M.D.



FREDERICK E. B.
FOLEY, M.D.



HARRY GOLD, M.D.



RUSSELL L. HADEN,
M.D.



STUART W. HARRING-
TON, M.D.



WALLACE E. HERRELL,
M.D.



L. EMMETT HOLT,
M.D.



ANDREW C. IVY, M.D.



REYNOLD A. JENSEN,
M.D.



JOHN R. LINDSEY,
M.D.



CLIFFORD B. LULL,
M.D.



ALAN R. MORITZ,
M.D.



C. S. O'BRIEN,
M.D.



PAUL A. O'LEARY,
M.D.



R. V. PLATOU, M.D.



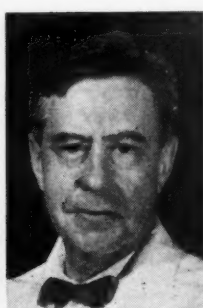
HERMAN M. POLLARD,
M.D.



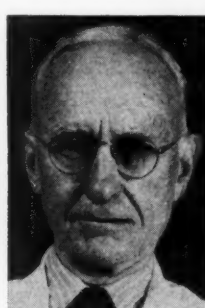
LOUIS SCHWARTZ,
M.D.



WENDELL G. SCOTT,
M.D.



CLEMENT A. SMITH,
M.D.



ALLEN O. WHIPPLE,
M.D.



FRANK F. WHITACRE,
M.D.



ROBERT H. WILLIAMS,
M.D.

AUGUST, 1947

Woman's Auxiliary



MRS. RETLA ALTER

CONVENTION COMMITTEES

Mrs. Joe De Pree.....Convention Chairman
 Mrs. Willis L. Dixon.....Convention Co-chairman
 Registration and Credentials—Mrs. John Ten Have,
 Chairman
 Finance—Mrs. A. M. Moll
 Decoration—Mrs. Leland M. MacKinley
 Press—Mrs. Ralph L. Fitts
 Hospitality—Mrs. Jos. L. McKenna
 Printing—Mrs. Henry P. Kooistra
 Get-Acquainted Hour—Mrs. Merrill Wells
 Banquet and Luncheon—Mrs. William L. Rodgers
 Place—Mrs. William Hyland
 Tickets—Mrs. John F. Failing
 Program—Mrs. Fred C. Brace

Program

Tuesday, September 23, 1947

- 9:30 A.M. Opening of Registration
 Pantlind Hotel Ballroom Lower Landing,
 Grand Rapids
- 6:00 P.M. Dinner for Past Presidents and Secretaries
 Club of State Auxiliary
- Peninsular Club, Grand Rapids
 Hostesses, Grand Rapids members.

Wednesday, September 24, 1947

- 9:30 A.M. Registration
 Pantlind Ballroom Lower Landing
- 12:00 A.M. Luncheon and Pre-convention Board
 Meeting
- For Committee Chairmen and County
 Presidents of 1946-47 and Presidents of
 1947-48
- 4:30 P.M. Get-Acquainted Hour
- Honoring Mrs. Eustace Allen, National
 President, Continental Room
- 6:30 P.M. Banquet (informal)
- Grill Room, Pantlind Hotel
 Presiding: Mrs. Retla Alter
 Invocation: Mrs. Robert M. Eaton
 Welcome: Mrs. Joe De Pree
 Presentation of Past Presidents
 Presentation of honored guests
 Presentation of Speaker—Mrs. Mary Lou
 McDonough
 Topic: "The Doctor After Hours"
- 8:30 P.M. MSMS President's Night
- Biddle Oration

Thursday, September 25, 1947

- 10:00 A.M. Annual Meeting
- Red Room, Civic Auditorium, Grand
 Rapids
- Presiding: Mrs. Retla Alter
 Address of Welcome: Mrs. Leon Sevey
 Response: Mrs. Leonard Himler
 In Memoriam: Mrs. Michael Murphy
 Minutes of the Twentieth Annual Meet-
 ing: Mrs. John W. Wholihan
 Convention Rules of Order: Mrs. David
 M. Kane
 Resolutions: Mrs. C. C. Roche
 President's Message: Mrs. Retla Alter
 Report of the Treasurer: Mrs. Homer
 Stryker
 Report of the Auditor: Mrs. Homer Stryker
 Reports of Standing Committees
 Report of County Presidents
 Election of Officers
 Installation of Officers: Mrs. Guy L. Kie-
 fer
 Presentation of President's Pin
 Address: Mrs. T. Grover Amos
- 1:00 P.M. Annual Luncheon
- Grill Room, Pantlind Hotel.
 Presiding:
 Invocation: Mrs. Harold E. Veldman
 Speaker: Mrs. Robert Sailors
 Topic: "Contemporary Textiles"
- 3:00 P.M. Post-convention Board Meeting
- Room 324, Pantlind Hotel
 Presiding: Mrs. T. Grover Amos
 This is compulsory for 1947-48 officers,
 County Presidents, and Committee Chair-
 men
- 10:00 P.M. "State Society Night"
- Dance and Floor Show—Ballroom, Pant-
 lind Hotel
 Admission by card only

Eighty-Second Annual Session - 1947

PROGRAM OF SECTIONS AND GENERAL ASSEMBLIES

Program of Sections

TUESDAY NOON

Sept. 23, 1947,

12:00 to 1:30 p.m. (luncheons)

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Room 222, Pantlind Hotel (Second floor behind elevators and to the West)

Chairman: L. W. SHAFFER, M.D., Detroit

Secretary: RUTH HERRICK, M.D., Grand Rapids

DERMATOLOGICAL PROGRAM

"Dermatitis from Wearing Apparel"

LOUIS SCHWARTZ, M.D., Washington, D.C.

Isolated cases of allergic dermatitis from wearing apparel are constantly occurring. Occasionally large outbreaks occur from fabrics containing new chemicals of unknown toxicologic properties. Dermatitis from wearing apparel is usually due to allergy to the finishes and dyes, rarely from allergy to the fibers themselves.

The diagnosis of dermatitis from wearing apparel is made from the history of the onset and course, the site and morphé of the eruption and is confirmed by positive patch tests with the offending article.

While it is impossible to prevent isolated cases of allergic dermatitis from wearing apparel outbreaks can be prevented by having the irritant properties of new fabric processive chemicals and dyes tested by the prophetic patch test devised by the author and not using those which have strong sensitizing properties.

* * *

SECTION ON RADIOLOGY, PATHOLOGY, AND ANESTHESIOLOGY

Sadler Lounge, Pantlind Hotel (Southwest corner of hotel, one flight up from mezzanine floor)

Chairman: (Path.) S. E. GOULD, M.D., Eloise

Secretary: (Rad.) J. E. LOFSTROM, M.D., Detroit

Secretary: (Anes.) H. J. VANBELOIS, M.D., Grand Rapids

RADIOLOGICAL PROGRAM

"Prolapses of the Gastric Mucosa as a Cause of Gastrointestinal Symptoms"

WENDELL G. SCOTT, M.D., St. Louis, Mo.

Prolapses of the gastric mucosa occur frequently but have often been interpreted as duodenal ulcer, duodenitis, et cetera. It is important that we recognize the defect of the prolapsed gastric mucosa and not confuse it with that of a duodenal ulcer.

Typical case histories with the accompanying radiographs will be shown in lantern slides. A short colored movie has been prepared to demonstrate the operative findings and the appearance of the prolapsed gastric mucosa.

TUESDAY AFTERNOON

September 23, 1947

First General Assembly

Black and Silver Ballroom, Civic Auditorium

D. W. MEYERS, M.D., Ann Arbor, *Presiding*

L. FERNALD FOSTER, M.D., Bay City, and F. W. BASKE, M.D., Flint, *Secretaries*

P.M.

1:40

"The Early Diagnosis of Pancreatic and Ampullary Growths, with an evaluation of Surgical Therapy"

ALLEN O. WHIPPLE, M.D., New York, New York

Emeritus Valentine Mott Professor of Surgery, Columbia University, New York City; Clinical Director at the Memorial Hospital, New York City.

Early diagnosis of tumors of the pancreas and ampullar area and their differentiation by means of x-ray and biliary and pancreatic function tests will be discussed. It is essential to remove these growths while still localized if the operations are to be more than palliative. These patients must not be observed and studied until they have become deeply jaundiced with liver and kidney damage and until the growth has spread to the lymphatics and liver. The analysis of the operative results from several of the clinics reporting surgery of the pancreas will be included.

2:00

"The Diagnosis of Jaundice from a Therapeutic Viewpoint"

ANDREW C. IVY, M.D., Chicago, Illinois

Vice President, University of Illinois, in charge of the Chicago Professional Colleges and Distinguished Professor of Physiology.

The differential diagnosis of medical and surgical jaundice will be briefly outlined in relation to the important items of the history, physical findings, and a few laboratory tests.

2:20

"The Investigation of Low Back Pain by Radiographic Methods"

WENDELL G. SCOTT, M.D., St. Louis, Missouri

Associate Professor of Clinical Radiology; Associate Director of Mallinckrath Institute of Radiology; Associate Radiologist for Barnes Hospital and Allied Hospitals in the Medical Center; National Consultant in Radiology for the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

Low back pain is a symptom arising from many causes, and careful and thorough radiographic examination is the first step in the accurate diagnosis of this symptom. The importance of properly taken x-ray films is emphasized. A brief survey is made of the common congenital anomalies and diseases of bone that cause back pain which can be readily recognized with the conventional anteroposterior and lateral views. The technique for the detection of relaxation of the sacroiliac joints is discussed. The anatomy and disorders involving the intervertebral apophyseal joints is discussed and illustrated by interesting examples. The value and improvements in the technique of spinal myelography is mentioned and an estimate is made of its present-day value.

2:45-3:45 INTERMISSION TO VIEW EXHIBITS

Twenty-Three Discussion Conferences (Quiz Periods)

All Meetings Will Be Held in the Pantlind Hotel and Civic Auditorium, Grand Rapids

Twenty-three Discussion Conferences each with a different chairman—a leader of outstanding ability in his field—will be held Tuesday, Wednesday, Thursday, and Friday afternoons, immediately following the end of the General Assembly program for the day (except on Friday when the “quizzes” will be at luncheons). Here is your chance to ask questions of the lecturers and to hear discussed medical matters of value to you in your daily practice.

EIGHTY-SECOND ANNUAL SESSION			
TUESDAY, SEPTEMBER 23, 1947 4:30 to 5:30 p.m.	WEDNESDAY, SEPTEMBER 24, 1947 4:30 to 5:30 p.m.	THURSDAY, SEPTEMBER 25, 1947 4:30 to 5:30 p.m.	FRIDAY, SEPT. 26, 1947 12:00 M to 1:30 p.m. (luncheon meetings)
DERMATOLOGY Room 222 Pantlind Hotel Leader George VanRhee Guest Conferee Louis Schwartz Washington, D. C.	RADIOLOGY Sadler Lounge Pantlind Hotel Leader J. E. Lofstrom Detroit Guest Conferee W. G. Scott St. Louis, Mo.	ANESTHESIA Room 322 Pantlind Hotel Leader N. M. Bittlich Detroit Guest Conferee R. J. Armstrong Kalamazoo	PEDIATRICS Sadler Lounge Pantlind Hotel Leader P. V. Woolley Detroit Guest Conferee C. A. Smith Boston
SURGERY Grill Room Pantlind Hotel Leader H. H. Stryker Kalamazoo Guest Conferee A. O. Whipple New York City	MEDICINE Furniture Club Pantlind Hotel Leader C. L. Hess Bay City Guest Conferee A. C. Ivy Chicago	MEDICINE Furniture Club Pantlind Hotel Leader R. M. McKean Detroit Guest Conferees R. H. Williams Boston J. D. Aronson Philadelphia H. M. Pollard Ann Arbor, Mich.	(Luncheon) SURGERY Grill Room Pantlind Hotel Leader Ralph Wadley Lansing Guest Conferee W. W. Babcock Philadelphia
OBSTETRICS Red Room, Civic Auditorium Leader V. H. Morrissey Flint Guest Conferee C. B. Lull Philadelphia	GENERAL PRACTICE Black and Silver Ballroom Civic Auditorium Leader L. W. Day Jonesville Guest Conferee R. L. Cecil New York City	OBSTETRICS Red Room Civic Auditorium Leader C. R. Moe Kalamazoo Guest Conferee F. E. Whitacre Memphis	(Luncheon) MEDICINE Furniture Club Pantlind Hotel Leader C. B. Beeman Grand Rapids Guest Conferee W. E. Herrell Rochester, Minn.
ALL MEMBERS ARE INVITED TO JOIN IN THESE QUIZ PERIODS WITH THE GUEST ESSAYISTS	SURGERY Ballroom, Pantlind Hotel Leader C. G. Johnston Detroit Guest Conferees C. F. Dixon Rochester, Minn. G. M. Curtis Columbus, Ohio	GYNECOLOGY Red Room Civic Auditorium Leader S. L. LaFevre Ann Arbor Guest Conferee A. D. Campbell Montreal	SYPHILOLOGY Room 327 Pantlind Hotel Leader Frank Stiles Lansing Guest Conferee P. A. O'Leary Rochester, Minn.

3:45 "Diagnosis, Prevention and Treatment of Occupational Dermatitis"

LOUIS SCHWARTZ, M.D., Washington, D.C.

Medical Director (Retired), Consultant to Office of Dermatology, U.S.P.H.S.

All cases of dermatitis occurring among workers are not of occupational origin. In order to make the diagnosis of occupational dermatitis, consideration should be given to the history of the onset and course of the eruption, its site, and to its clinical appearance. In some instances patch tests should also be performed. The keynote of prevention is to avoid as much as possible any contact with potential skin irritants. Ventilation, dust control, environmental and personal cleanliness, protective clothing and protective ointments are the principal preventive measures.

The treatment of acute uncomplicated occupational dermatitis should aim towards soothing and protecting the inflamed skin.

4:05 "The Changes and Improvements in Obstetric Practice During the Past Twenty-Five Years"

CLIFFORD B. LULL, M.D., Philadelphia

Director, Division of Obstetrics and Gynecology Pennsylvania Hospital; Consultant Obstetrician and Gynecologist to the Philadelphia General Hospital; Chief of Staff and Consultant to Delaware County Hospital.

Many changes and advances have been made in the practice of Obstetrics during the past twenty-five years which have resulted in a marked reduction of maternal mortality and the saving of innumerable infants. Special emphasis is placed on the management of hemorrhage during the third trimester of pregnancy, the management of toxemias, the handling of abortions, the treatment of puerperal sepsis, and the improvements in analgesia and anesthesia. Also the development of the various extra-peritoneal cesarean operations which have made it possible to operate successfully on many cases that heretofore would have to have mutilating operations performed upon the child or the uterus sacrificed. X-ray has been a distinct aid and benefit in solving the problem in cephalo-pelvic disproportion and has helped materially in making the decision of either vaginal or abdominal delivery in breach presentation. Nutrition has been found to play an important part in the prevention of many of the minor disabilities and some of the more serious complications occurring during the prenatal period. Adequate prenatal care has been developed and the public has been taught what constitutes good prenatal care. The education of both the doctor and the laity has resulted, if not in preventing, at least in recognizing various obstetric complications early enough to have them successfully treated.

4:25 End of First General Assembly

4:30 DISCUSSION CONFERENCES IN DERMATOLOGY AND SURGERY (See Page 950)



PANTLIND HOTEL

AUGUST, 1947

WEDNESDAY MORNING

September 24, 1947

Second General Assembly

Black and Silver Ballroom, Civic Auditorium

T. E. DEGURSE, M.D., Marine City, *Presiding*L. FERNALD FOSTER, M.D., Bay City, and J. C. FOSHEE, M.D., Grand Rapids, *Secretaries*

A.M.

9:30 "The Part of the General Practitioner in the Management of Vesical Neck Obstruction"

FREDERICK E. B. FOLEY, M.D., St. Paul, Minnesota

Associate Professor of Urology, University of Minnesota Medical School, Minneapolis; Chief Urologist, Ancker Hospital, St. Paul; Visiting Urologist, Charles T. Miller Hospital, St. Paul.

When a patient presents himself with urinary symptoms, the general practitioner can and should promptly find the answers to the following questions:

1. Is the trouble due to vesical neck obstruction?
2. What type of vesical neck obstruction is present?
3. Is surgical treatment required at once?
4. May palliative treatment be employed safely with postponement of operation?
5. Is the patient ready for immediate operation or will he be made a better surgical risk by pre-operative treatment directed by the general practitioner?

The part of the general practitioner finding the answers to these questions is presented.

9:50 "Management of the Failing Heart"

HARRY GOLD, M.D., New York City

Associate Professor of Pharmacology at Cornell University Medical School; Attending Cardiologist at the Beth Israel Hospital and at the Hospital for Joint Diseases, N. Y.

A group of nearly 100 patients with advanced heart failure admitted routinely to each of three hospitals were managed in the following way: a quart of milk daily as the sole diet; two to three quarts of water daily; single dose digitalization; a daily intramuscular dose of a mercurial; daily body weight. The time it took to produce the dry weight with maximum relief in this group was compared with that in approximately 400 similar cases treated in four large hospitals of New York by the customary methods in vogue in the past ten years which involved fractional digitalization, water restriction, so-called salt free diets, oral diuretics, and irregular doses of the mercurial. The period from admission to maximum improvement was an average of about three weeks by the latter method, as compared to somewhat less than one week by the former method.

The paper suggests the routine use of this intensive regime for the control of heart failure and presents the physiological basis in support of the method.

10:10-11:10 INTERMISSION TO VIEW EXHIBITS

11:10 "Chronic Arthritis"

RUSSELL L. CECIL, New York City

Professor of Clinical Medicine, Cornell University Medical College, New York City; Visiting Physician, Bellevue Hospital, New York City; Consulting Physician, New York and Veterans Hospitals, New York City.

Arthritis occurs in a variety of different forms depending on the etiology. The two dominant types are osteoarthritis and rheumatoid arthritis. Osteoarthritis is a disease of wear and tear, seen most frequently in middle-aged and elderly patients and responds well to rest, physiotherapy and orthopedic measures. The rheumatoid type presents a more difficult problem, partly because of the uncertainty associated with its etiology. Much present-day evidence points toward its resting upon an allergic base. The important features in the treatment of rheumatoid arthritis are rest, physiotherapy, regulation of diet and vitamins, treatment with gold salts and blood transfusions, climatotherapy and psychotherapy.

11:30 "Surgery of the Spleen"

GEORGE M. CURTIS, M.D., Columbus, Ohio
Professor of Surgery at the Ohio State University.

The surgery of the spleen develops best in the background of sound physiologic hematology. The spleen may sequester the various blood cells or destroy them by its hemolytic powers. If this process becomes pathologic, splenectomy may be indicated. Recurrence of congenital hemolytic icterus or of thrombopenic purpura, the two commonest indications for splenectomy, is usually due to the presence of an accessory spleen. The significance of emergency splenectomy and of accessory splenectomy will be discussed. Splenectomy is indicated in traumatic rupture of the spleen. No ill effects have been found to follow removal of the ruptured normal spleen in children.

11:50 End of Second General Assembly

INTERMISSION TO VIEW EXHIBITS

Program of Sections

WEDNESDAY NOON

September 24, 1947

12:00 to 1:30 p.m. (luncheon)

SECTION ON UROLOGY

Room 322, Pantlind Hotel

Chairman: R. K. RATLIFF, M.D., Ann Arbor
Secretary: H. L. MILLER, M.D., Detroit

"An Artificial Sphincter. A New Device and Operation for Control of Urinary Incontinence and Nocturnal Enuresis."

FREDERIC E. B. FOLEY, M.D., Saint Paul, Minnesota.

Operations for cure of urinary incontinence in the male generally are not successful. Previous means of controlling or caring for incontinence have been makeshifts and far from satisfactory. The new operation permits use of a pneumatic incontinence clamp which is essentially automatic. It does not cause partial erection or other discomfort and is free of the objections to previous means of caring for incontinence. It permits apparently normal urination.

* * *

SECTION ON PEDIATRICS

Sadler Lounge, Pantlind Hotel

Chairman: M. F. OSTERLIN, M.D., Traverse City
Secretary: J. H. LEWIS, M.D., Wyandotte

"Management of Infantile Congenital Syphilis"

R. V. PLATOU, M.D., New Orleans, Louisiana

Recent extensive experiences justify the impression that penicillin, in currently recommended dosage schedules, is the single agent for treatment of infantile congenital syphilis. Immediate effects are gratifying, therapeutic reactions are transient and unimportant, and follow-up studies have demonstrated increasingly satisfactory results.

A scientific exhibit and discussion will summarize diagnostic features and will compare effects of therapy in treated infants with those in previously untreated patients of similar age. Though the widespread practice of employing massive penicillin therapy for febrile diseases of uncertain etiology may mask many protean features of congenital syphilis, and thus increase practical difficulties in interpretation of routine serologic tests, it will probably also have considerable effect in further reducing the incidence of this disease.

SECTION ON SURGERY

Ballroom, Pantlind Hotel

Chairman: J. C. FOSHEE, M.D., Grand Rapids
Secretary: EDWARD DOWDLE, M.D., Detroit

"Importance of Preoperative and Postoperative Care in Intestinal Surgery"

CLAUD F. DIXON, M.D., Rochester, Minnesota
GEORGE M. CURTIS, M.D., Columbus, Ohio
(Discussant)

* * *

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Room 222, Pantlind Hotel

Chairman: (Oto.) JAMES MAXWELL, M.D., Ann Arbor
Co-Chairman: (Ophth.) RALPH GILBERT, M.D., Grand Rapids

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OTOLARYNGOLOGICAL PROGRAM

Secretary: (Oto.) J. L. DILL, M.D., Detroit
Co-Secretary: (Ophth.) WALTER RUNDLES, M.D., Flint

"The Significance of Postural Vertigo in Otolaryngological Diagnosis."

JOHN R. LINDSEY, M.D., Chicago

WEDNESDAY AFTERNOON

September 24, 1947

Third General Assembly

Black and Silver Ballroom, Civic Auditorium

P. A. RILEY, M.D., Jackson, *Presiding*
L. FERNALD FOSTER, M.D., Bay City and R. B. KENNEDY, M.D., Detroit, *Secretaries*

P.M.

1:40 "Certain Aspects of Vaginal Surgery"

ARCHIBALD D. CAMPBELL, M.D., Montreal, Canada

Associate Professor of Obstetrics and Gynecology, McGill University, Montreal; Gynecologist-in-Chief, The Montreal General Hospital.

Vaginal surgical procedures are undertaken mainly for the reconstruction of the structures damaged by childbirth, the correction of congenital defects, or the removal of certain pathological lesions.

The anatomy of the pelvic basin, with particular reference to those structures which retain the topography of the pelvic viscera, is briefly reviewed.

The importance of a proper conduct of labor is emphasized, and its bearing on subsequent degrees of birth trauma are stressed. The basic principles involved in the repair of complete tear and procidentia are outlined.

2:00 "Vertigo, Differential Diagnosis and Treatment"

JOHN R. LINDSAY, M.D., Chicago

Professor of Otolaryngology, the University of Chicago.

Vertigo or dizziness arising from the inner ear, eighth nerve or vestibular pathways in the brain is usually divided into two clinical groups. Ménière's syndrome and pseudo-Ménière's syndrome.

"Ménière's syndrome" commonly includes all types of inner ear or eighth nerve diseases excepting labyrinthitis, tumor and fracture. Several diseases or causes for the syndrome may be differentiated.

"Ménière's Disease" or "labyrinthine dropsy" is the most common cause of Ménière's syndrome. The diagnostic features and pathologic pictures will be reviewed and the treatment discussed.

Pseudo-Ménière's syndrome is the term usually applied to attacks of vertigo not associated with auditory symptoms.

The localization and differential diagnosis will be discussed and the treatment for the various etiologic conditions reviewed.

WEDNESDAY EVENING September 24, 1947

Fourth General Assembly

Black and Silver Ballroom, Civic Auditorium

WM. A. HYLAND, M.D., Grand Rapids, *Presiding*

L. FERNALD FOSTER, M.D., Bay City, *Secretary*

2:20 "The Tuberculous Child"

R. V. PLATOU, M.D., New Orleans

Professor of Pediatrics and Head of Department of Pediatrics, Tulane University School of Medicine, New Orleans, Louisiana.

Techniques familiar to all physicians render discovery of tuberculosis in children a relatively simple process. Given a positive tuberculin reaction, however, the physician assumes five distinct responsibilities: To determine (1) *source* of exposure or contacts, (2) *duration* of the tuberculous process, (3) careful evaluation of opportunities for *reinfection* in the child's present environment, (4) *localization* and extent of *activity* in any recognizable focus, and (5) infectious nature of demonstrable primary or secondary lesions.

The virtues of routine tuberculin tests among children seem well established, but follow-up studies are often incomplete or unsatisfactory. Confusion in conventional terminology is partially responsible for this faultiness; revisions based on sound objective criteria should be useful and might improve current programs for control or eradication of tuberculosis.

2:45-3:45 INTERMISSION TO VIEW EXHIBITS

3:45 "The Physician and the Child"

REYNOLD A. JENSEN, M.D., Minneapolis

Associate Professor of Pediatrics and Psychiatry, University of Minnesota.

The doctor has long had an active interest in the growth, development and general welfare of the child. Much has been done to better understand and provide more adequately for the child's physical needs. However, with newer developments coming along it becomes clear that psychological and emotional factors require greater consideration than appreciated previously. This paper will briefly consider these needs and indicate what we, as doctors, might do in meeting them.

4:05 "Carcinoma of the Colon and its Management"

CLAUDE F. DIXON, M.D., Rochester, Minnesota

4:25 End of Third General Assembly

4:30 DISCUSSION CONFERENCES IN MEDICINE, SURGERY, UROLOGY, PEDIATRICS, OTOLARYNGOLOGY, GYNECOLOGY, AND GENERAL PRACTICE (See Page 950)

P.M.

8:30 Officers' Night—Public Meeting

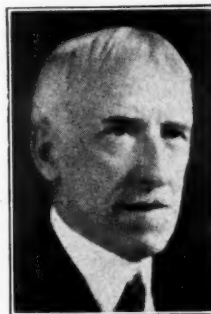
1. Call to order by President Wm. A. Hyland, M.D., Grand Rapids.
2. Announcements and Reports of the House of Delegates by Secretary L. Fernald Foster, M.D., Bay City.
3. President's Annual Address—Wm. A. Hyland, M.D., Grand Rapids.
4. Induction of P. L. Ledwidge, M.D., Detroit, into office as President of the Michigan State Medical Society by the Retiring President.
Response.
5. Introduction by the Retiring President of the President-Elect and other newly elected officers and of the Chairman of The Council of the State Society.
6. Presentation of Scroll and Past-President's Key to Dr. Hyland by the Chairman of The Council, E. F. Sladek, M.D., Traverse City.

9:00 7. The Andrew P. Biddle Oration

"Atomic Radiation and Its Medical Implications"

REAR ADMIRAL C. A. SWANSON, M.C., USN,
The Surgeon General, Washington, D. C.

8. Presentation of Biddle Oration Scroll



The late
ANDREW P. BIDDLE, M.D.
Patron of Postgraduate
Medical Education
(Deceased August 2, 1944)

9. End of Fourth General Assembly

THURSDAY MORNING

September 25, 1947

Fifth General Assembly

Black and Silver Ballroom, Civic Auditorium

A. H. MILLER, M.D., Gladstone, *Presiding*

L. FERNALD FOSTER, M.D., Bay City and E. C. TEXTER, M.D., Detroit, *Secretaries*

A.M.

9:30 "Comparison of Chemical and Physical Methods of Treating Thyrotoxicosis"

ROBERT H. WILLIAMS, M.D., Boston

Assistant Professor Harvard Medical School.

Now that it has been shown that anti-thyroid chemicals and radioactive iodine can produce permanent remission of thyrotoxicosis, the problem has arisen as to the place of each when considering the large masses of such cases throughout the country.

Of the thiouracils, the propyl derivative is one of the best. It is effective in controlling most of the patients and it has rarely cause significant toxic reactions.

Radioactive iodine is very useful in some of the cases, especially complicated ones.

Thyroidectomy still is indicated in selected cases, particularly the ones with large nodular goiters.

No ideal treatment for thyrotoxicosis has been found, but search should continue in this direction.

9:50 "Senile Cataract from the Standpoint of the General Practitioner."

C. S. O'BRIEN, M.D., Iowa City, Iowa

Professor and Head, Department of Ophthalmology, College of Medicine, State University of Iowa; Chief of Clinic, University Hospitals.

The family physician should have some knowledge of senile cataract since it is he to whom the patient first goes for advice. The doctor should be able to make a diagnosis and to differentiate certain other diseases which cause gradual failure of vision in elderly people, e.g., an improper diagnosis of cataract in a patient with chronic glaucoma is usually a sentence to blindness. Drugs are of no value and surgical removal of the cataractous lens is the only satisfactory treatment. It is unnecessary to await ripening of the cataract. The operation is made when the patient's vision in the better eye becomes inadequate for work or pleasure.

10:10-11:10 INTERMISSION TO VIEW EXHIBITS

11:10 "The Diagnosis and Treatment of Ectopic Pregnancy"

FRANK E. WHITACRE, M.D., Memphis

Chief of The Division of Obstetrics and Gynecology, University of Tennessee, College of Medicine and Director of Medical Services, Department of Obstetrics and Gynecology, John Gaston Hospital, Memphis.

Any bleeding during pregnancy must be considered abnormal. Regardless of the stage of gestation, obstetric bleeding originates from the same anatomical location—that is a separation of the spongy layer of the decidua, whether associated with the placenta or not, exposing maternal sinuses.

The diagnosis of ectopic pregnancy is confused with that of recent or remote pelvic inflammatory disease and intra-uterine abortion. Methods of diagnosis are described, including the technique of cul-de-sac aspiration. Laboratory and clinical evidence suggests that the detection of hematin in the blood stream is useful in establishing the presence or absence of intra-abdominal hemorrhage. A few tubal pregnancies continue to become secondary abdominal pregnancies. We have recently reported twelve such cases. The treatment of ectopic pregnancy early or late is emphasized.

11:30 "Therapeutic Application of Hemometakinesia in Peripheral Vascular Disturbances"

MICHAEL E. DEBAKEY, M.D., New Orleans, La.

Associate Professor of Surgery, Department of Surgery, School of Medicine, Tulane University of Louisiana and Associate in Surgery, The Ochsner Clinic.

The primary goal in peripheral vascular disease is an increase in the blood supply of the part. Various measures have been proposed to achieve this objective, but in our experience the most rational and effective approach is one based upon a concept of hemodynamics, for which the term hemometakinesia has been proposed. The essential feature of this mechanism of hemodynamics seems to consist in the control and regulation of the vascular bed, which permits an increase in the volume of blood of one part of the body with a corresponding simultaneous decrease in the volume of blood in other parts, without material alteration in the total blood volume or cardiac output. This presentation is concerned with an elaboration of this concept and its therapeutic applications.

11:50 End of Fifth General Assembly

INTERMISSION TO VIEW EXHIBITS

Program of Sections

THURSDAY NOON

Sept. 25, 1947,

12:00 to 1:30 p.m. (luncheons)

SECTION ON MEDICINE

Furniture Club, Pantlind Hotel, (Mezzanine floor, behind elevators and to the West)

Chairman: F. W. BASKE, M.D., Flint

Secretary: G. T. MCKEAN, M.D., Detroit

"Recent Developments in the Management of Peptic Ulcer"

HERMAN M. POLLARD, M.D., Ann Arbor

Associate Professor of Internal Medicine, University of Michigan.

There have been several recent contributions to the therapy of peptic ulcer which offer considerable hope to the management of this disease. Sufficient time has elapsed since the introduction of these measures to make an evaluation of their effectiveness. The two most prominent of these measures include section of the vagus nerves and the use of hormones, such as enterogastrone. The indications for vagotomy will be discussed including immediate and follow-up results in patients so treated. The mechanism for the use of enterogastrone will be mentioned briefly plus our own experience with this hormone in the actual treatment of ulcer patients.

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SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Room 222, Pantlind Hotel (Second floor behind elevators and to the West)

Chairman: (Oto.) JAMES MAXWELL, M.D., Ann Arbor

Co-Chairman: (Ophth.) RALPH GILBERT, M.D., Grand Rapids

Secretary: (Oto.) J. L. DILL, M.D., Detroit

Co-Secretary: (Ophth.) WALTER RUNDLES, M.D., Flint

OPHTHALMOLOGICAL PROGRAM

"Surgery of the Extraocular Muscles"

C. S. O'BRIEN, M.D., Iowa City, Iowa

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SECTION ON RADIOLOGY, PATHOLOGY, AND ANESTHESIA

Chairman: (Path.) S. E. GOULD, M.D., Eloise

Secretary: (Rad.) J. E. LOFSTROM, M.D., Detroit

Secretary: (Anes.) H. J. VANBELOIS, M.D., Grand Rapids

ANESTHESIOLOGICAL PROGRAM

Discussion Conference: "Economic Problems in Anesthesiology"

Leader: R. J. ARMSTRONG, M.D., Kalamazoo
Chief of Anesthesia Service, Bronson Methodist Hospital and Borgess Hospital, Kalamazoo.

A summary of data on anesthetic fees will be presented. Fee schedules of all voluntary prepayment medical plans in United States have been analyzed as well as Veterans Administration fee schedules and those of private anesthesiologists in Michigan. An effort will be made to interest especially the incidental medical anesthetist in Michigan on what patient and surgeon feel are equitable fees for competent anesthesia. An attempt will be made to interest all physicians doing anesthesia so that the time of the meeting will be devoted chiefly to a discussion of mutual problems rather than a formal presentation by the essayist.

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SECTION ON GYNECOLOGY AND OBSTETRICS

Schubert Room, Pantlind Hotel, (southwest corner of hotel, use corridor from lobby)

Chairman: R. B. KENNEDY, M.D., Detroit

Secretary: H. H. LAMPMAN, M.D., Detroit

"Changing Trends in Cesarean Section"

HAROLD C. MACK, M.D., Detroit

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SECTION ON GENERAL PRACTICE

Ballroom, Pantlind Hotel (west of lobby—up grand staircase)

Chairman: E. C. TEXTER, M.D., Detroit

Secretary: E. M. PETTIS, M.D., Muskegon

"Unusual Forms of Rheumatic Pain"

RUSSELL L. CECIL, M.D., New York City

Rheumatic pain can occur in either the joints or the muscles. It should never be confused with neuritic pain which is due entirely to irritation of a nerve. The majority of joint pains are referable to some form of arthritis but there is a large minority which fall into the category of arthralgia. Many but not all of the arthralgias are psychogenic in origin. Another large group are definitely associated with menopause. A third group can be traced to some occupation or sport. Muscular pains are frequently due to actual infiltration of the muscle bundles with round cells. Such forms of myositis are seen in dermatomyositis, lupus, periarteritis nodosa and rheumatoid arthritis. Muscular pain, however, can also be traced to other causes such as menopause, occupation or psychoneurosis. The treatment of joint pains as well as muscle pains consists of eliminating the cause if possible and the application of physiotherapy, massage, and other more specific measures.

THURSDAY AFTERNOON

September 25, 1947

Sixth General Assembly

Black and Silver Ballroom, Civic Auditorium

R. J. HUBBELL, M.D., Kalamazoo, *Presiding*

L. FERNALD FOSTER, M.D., Bay City and RALPH GILBERT, M.D., Grand Rapids, *Secretaries*

P.M.

1:40 "The Use of Penicillin in the Treatment of Syphilis in General Practice"

PAUL A. O'LEARY, M.D., Rochester, Minn.

Head of the Section on Dermatology and Syphilology, Mayo Clinic Rochester, Minnesota, and Professor of Dermatology, Mayo Foundation, University of Minnesota.

AUGUST, 1947

Experience with penicillin in hundreds of thousands of cases has demonstrated its value. Results in the prevention of congenital syphilis are outstanding, as are the results in certain types of visceral syphilis. Our knowledge of its value in early syphilis is in the process of forming, although it would seem that in the late form of the disease, especially neurosyphilis, the results are below expectations. Experience in changing the time-dose relationships is improving results in the treatment of early syphilis.

2:00 "The Treatment of Infantile Diarrhea"

L. EMMETT HOLT, JR., M.D., New York City

Professor of Pediatrics at New York University and Director of the Children's Medical Service of Bellevue Hospital

The traditional therapy of "starving a diarrhea" in an infant in order to rest the intestine and permit functional recovery has been submitted to a systematic chemical study. The results of this study, carried out in collaboration with Dr. Arthur Chung, will be described in detail. They fail to support the time honored regime of oral starvation and indicate that in infantile diarrhea, as in typhoid fever, the patient should be fed from the start, the amount given being limited only by the gastric tolerance.

2:20 "Gout"

RUSSELL L. HADEN, M.D., Cleveland

Chief of Medical Division of the Cleveland Clinic.

Gout is the most commonly overlooked diagnosis in the consideration of joint disease. The clinical picture is varied. The characteristic history is an acute, very painful arthritis of acute onset with a complete return of the joints to normal between attacks. In many patients, the findings are very atypical.

The diagnosis and treatment will be discussed.

2:45-3:45 INTERMISSION TO VIEW EXHIBITS

3:45 "The Role of BCG Vaccine in the Control of Tuberculosis"

JOSEPH D. ARONSON, M.D., Philadelphia

Associate Professor of Bacteriology, Henry Phipps Institution, University of Pennsylvania.

The effectiveness of BCG vaccine (B. Calmette-Guerin) as a prophylactic measure against tuberculosis was studied under control conditions. Since 1936, groups of Indians living in various parts of the United States and Alaska, who were tuberculin negative, were vaccinated intracutaneously with freshly prepared BCG vaccine. Comparable numbers of tuberculin negative individuals received physiological salt solution and served as controls. Both groups continued to live under their normal conditions. Roentgenological examination of the chest and tuberculin tests of both groups were carried out at periodic intervals. The results after 11 years of observation indicate a markedly lower mortality from tuberculosis among the vaccinated and a persistence of the tuberculin reaction during the period of observation.

4:05 "Cancer of the Breast"

STUART W. HARRINGTON, M.D., Rochester, Minnesota

Head of section of Thoracic and General Surgery at Mayo Clinic; Professor of surgery, Mayo Foundation, University of Minnesota.

Early clinical recognition and immediate surgical treatment are the most important considerations of malignant disease of the breast. The results following surgical treatment have been markedly improved by radical mastectomy. Since the introduction of this method of treatment by Halstead, it has been the method most generally accepted by the medical profession.

There are many factors which influence the results of surgical treatment. Some of the more important of these factors are as follows: (1) the extent of the malignant involvement at the time of operation, (2) the thoroughness with which the radical operation is done, (3) the degree of malignancy as shown by microscopic examination of the primary lesion, (4) the presence of other associated conditions such as pregnancy, (5) the general constitutional diseases such as diabetes, and (6) the age of the patient.

This study shows the three, five, ten, fifteen and twenty year results and the various factors which influence the results in a series of 6,149 patients treated by radical mastectomy.

4:25 End of Sixth Assembly

4:30 DISCUSSION CONFERENCES IN MEDICINE, SURGERY, ANESTHESIA, OPHTHALMOLOGY, GYNECOLOGY-OBSTETRICS, GENERAL PRACTICE, PEDIATRICS AND SYPHILOLOGY. (See page 950)

THURSDAY EVENING September 25, 1947

10:00 P.M. STATE SOCIETY NIGHT

An evening of entertainment for MSMS members, their ladies and guests. Dancing and floor show. Ballroom, Pantlind Hotel
(Admission by card)

FRIDAY MORNING September 26, 1947

Seventh General Assembly

Black and Silver Ballroom, Civic Auditorium

R. H. HOLMES, M.D., Muskegon, *Presiding*

L. FERNALD FOSTER, M.D., Bay City and S. E. GOULD, M.D., Eloise, *Secretaries*

A.M.

9:30 "The Potentialities and Limitations of Prenatal Pediatrics"

CLEMENT A. SMITH, M.D., Boston

Assistant Professor of Pediatrics, Harvard Medical School; Director of Research on The Newborn Infant, Boston, Lying-in Hospital; Consulting Physician, Massachusetts General Hospital; Physician Children's and Infants' Hospital, Boston.

The title indicates a real possibility of influencing the health and survival of the child before birth. Available data indicate that the size and maturity of the baby when born, the integrity of its development, and the degree of its ability to resist infections in early post-natal life, can all to a certain degree be influenced by medical procedures carried on during the pre-natal period. It is also possible to cure at least one important fetal disease by drug therapy before birth. Still other conditions affecting the fetus and newborn infant are prenatally preventable. How the medical profession should apply these facts, and to what degree we can expect to be successful, are discussed in this paper.

9:50 "When and Why Should the State Compel the Performance of an Official Autopsy?"

ALAN R. MORITZ, M.D., Boston

Professor of Legal Medicine, Harvard Medical School; Expert Assistant (Medico-Legal Consultant), Massachusetts Department of Public Safety; Lecturer in Legal Medicine, Boston University School of Medicine and Tufts Medical School; Consulting Pathologist, Massachusetts Department of Mental Health; Consulting Pathologist, Peter Bent Brigham Hospital.

It is obvious that the importance to medical education and research of information gained at the post-mortem table through the efforts of skilled hospital pathologists has long been recognized in Michigan. It

is equally obvious that cognizance has not been taken of the potential benefits to public safety and health that could be derived if the bodies of persons who die outside of hospitals from violence or suddenly from obscure causes were examined with equal competence.

The information derived from medicolegal autopsies is often of direct and immediate importance in distinguishing between accident, homicide and suicide. It often determines whether or not a murderer will be convicted, an innocent person prosecuted, a claim for damages substantiated, or an unsuspected hazard to public health recognized. The medical profession of Michigan can ill afford to ignore the need for legislative change which will provide for competent investigation of deaths due to violent and obscure causes.

10:10-11:10 INTERMISSION TO VIEW EXHIBITS

11:10 "Closure of Abdominal Fistula"

W. WAYNE BABCOCK, M.D., Philadelphia

Professor of Surgery and Clinical Surgery, Temple University; Surgeon-in-Chief, Temple University Hospital; Surgeon, Philadelphia General Hospital, Philadelphia.

11:30 "The Present Status of Sulfonamide and Antibiotic Therapy"

WALLACE E. HERRELL, M.D., Rochester, Minnesota

Consultant in Medicine, Mayo Clinic, Assistant Professor in Medicine, Mayo Foundation Graduate School, University of Minnesota.

This discussion deals with the present status of sulfonamide therapy. The present status of antibiotic therapy with particular reference to the use of penicillin and streptomycin also will be discussed. The selective action of these agents as well as methods of administration, dosage and toxicity is included in the discussion.

11:50 End of Seventh General Assembly

INTERMISSION TO VIEW EXHIBITS

Program of Sections

FRIDAY NOON September 26, 1947

SECTION ON RADIOLOGY, PATHOLOGY, AND ANESTHESIA

Room 222, Pantlind Hotel (second floor behind elevators and to the west)

Chairman: (Path.) S. E. GOULD, M.D., Eloise

Secretary: (Rad.) J. E. LOFSTROM, M.D., Detroit

Secretary: (Anes.) H. J. VANBELOIS, M.D., Grand Rapids

PATHOLOGICAL PROGRAM

"The Doctor in Court"

F. ROLAND ALLABEN, A.B., LL.B.

City Attorney, Grand Rapids, Commissioner, State Bar of Michigan.

"The Doctor in Court" will present some practical suggestions to physicians as to court procedure and their manner of delivering testimony when called as a witness.

Discussant: ALAN R. MORITZ, M.D., Boston

* * *

12:00 NOON (LUNCHEONS)
DISCUSSION CONFERENCES IN MEDICINE, PEDIATRICS, and SURGERY (See page 950).

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END OF SCIENTIFIC ASSEMBLY AND OF 1947 ANNUAL SESSION

Annual Reports

ANNUAL REPORT OF THE COUNCIL, 1946-47

The Council convened three times and the Executive Committee met nine times (to September 20, 1947), a total of twelve meetings up to the 1947 Session of the State Society. All matters studied and recommendations made by the Society's twenty-seven Committees as well as The Council's own twenty-six Committees and all business of the Society were referred to The Council or its Executive Committee for consideration, approval, and action.

Membership

Members of the State Society as of July 1 and as of December 31, from 1935 to 1947, are indicated in the following chart:

	1947	1946	1945	1943	1941	1939	1935
July 1.....	4536	4461	4425	4661	4403	4255	3410
December 31		4799	4686	4786	4621	4425	3653

The figure for 1947 includes 4,263 active members, 143 Emeritus, Retired, and other special members, and 130 Military Members. The Society is continuing its wartime practice of according full membership privileges, with remission of dues and assessment, to members in military service; this applies to all members separated from military service during 1947.

Finances

The report of Ernst & Ernst on the annual audit of the MSMS books for 1946 shows the financial condition of the Society to be sound. The investments of the Society are all in government and other high grade bonds which are stable in value but show a reasonable return on the investment. All MSMS members are invited to study the auditors' report for 1946, published in full in the March, 1947 issue of THE JOURNAL beginning on page 339, together with the budget estimates for 1947, appearing on the same page.

The total paid membership on July 1, 1947 of 4,263 compares with 3,033 on the same date in 1946; the increase represents our former military members who have returned to dues-paying status this year. The greater income from dues and assessments has permitted us to augment the Society's activities.

The number of special members was considerably increased in 1946 by the election of 55 Life Members, 21 Emeritus Members, 5 Retired Members, and 1 Associate Member, bringing the total special membership roster to 143. This costs the Society in loss of income a total of \$5,291.00 per annum.

The House of Delegates at the 1946 annual session continued the special assessment which has been used to finance the very active, intensive and pioneering public relations and education program of the Society. This worth-while and necessary work has become well known through the state and nation and has brought renown to the Michigan State Medical Society. It would seem desirable to insure that our very beneficial public relations activity is made a continuing program throughout the years. To provide for exigencies, the Executive Committee of The Council in February, 1947, placed \$30,000 of current income from the twenty-five dollar assessment in savings accounts earmarked for Public Relations.

A recommendation on continuation of the Public Relations program follows. The crowded condition at 2020 Olds Tower, Lansing, is critical and is seriously affecting top efficiency in our hardworking Executive Office staff. Since it appears impossible to procure ad-

ditional space in the Olds Tower or in any other Lansing office building at this time, the Finance Committee feels that the securing of a house or a small building by the Michigan State Medical Society should be promptly investigated.

The Journal

THE JOURNAL has again had a very active and successful year. Under the direction of the Publication Committee we have constantly striven to make THE JOURNAL of increasing interest to the readers. "You have been putting out a very interesting and instructive JOURNAL, but there is too much advertising." That was the comment of a friend just the other day, and is being repeated frequently. We were stimulated to check on the contents and find that the May number of THE JOURNAL, the last one at hand, contained seventy-three pages of advertising as against eighty-eight last year. In addition, there were five pages devoted to State Society material, title, committees, contents, et cetera; twenty-nine pages of original scientific articles, and nineteen pages devoted to editorials and editorial material, comments, various reports, news, and articles on economic or organizational affairs. That makes sixty-three pages of text and interest material.

The income from advertising has fallen off because of our adopting the policies of the CMAB and the AMA Councils. Fifteen pages of advertising a month represents a decided loss of revenue, but the Editor has also cut down by about eight pages the amount of medico-sociological and economic material.

We believe we have still given the membership what is most interesting and valuable in our contest with political medicine and the trend toward socialism of the profession. Politics has changed the immediate threat, but only in that the danger is more hidden. The socializers are still in the employ of government and are working harder than ever.

We believe we have improved the appearance of THE JOURNAL. The editorial policy has been aggressive, and will continue so. We have continued to publish articles on Political Medicine, Rehabilitation of Veterans and Veteran Medical Officers, Medical Public Relations, Conferences of Presidents, Michigan Medical Service, National Health Conference, Conferences of Deans at Ann Arbor, et cetera. This policy will be continued as need arises.

Due to a strike, shortage of materials and workers, and to the use of color in advertising, THE JOURNAL is still appearing late, but we have greater hopes of again making the publication date approximately the correct date. We have gained a week lately, and have promise of improvement in the near future.

The Publication Committee is always open to suggestions for improving THE JOURNAL, and wishes to know the desires of the readers. Improvement in material available, and the resumption of conferences and meetings give promise of a still more valuable JOURNAL.

Organization

Organization in all component county medical societies is now up to its prewar status. Many county societies are offering outstanding postgraduate opportunities to their members, some featuring an annual "clinic day" with programs on a par with a national meeting. The economic phases of county society activities have been improved vastly since the war which tended to impress on more and more individual practitioners the flaws of a socialized system of medicine.

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Roy Herbert Holmes, M.D., Muskegon, was appointed Councilor of the Eleventh District on July 10, 1947, to fill the vacancy caused by the resignation of O. D. Stryker, M.D., who moved to another District.

Meetings in six Councilor Districts were held during the winter and spring of 1947, at Flint, January 14, 1947, Marlette, March 20, Detroit, March 31, Grand Rapids, May 13, Sault Ste. Marie, June 25, and at the Gateway (Upper Peninsula) June 26. Your MSMS Officers and members of The Council attended these District meetings and spoke on such subjects as: "Medical Matters in Michigan;" "Rural Health and General Practice;" "The Federal Hospital Construction Program;" "State Legislation in 1947" and "Modern Medical Public Relations." Numerous county society meetings were attended by MSMS Councilors and Officers throughout the year.

The County Secretaries-Public Relations Conference of February 2, 1947 at the Book-Cadillac Hotel, Detroit, attracted an interested group of county society secretaries, legislative and public relations keymen, and representatives of the Woman's Auxiliary. Topics important to Medicine were presented by: Governor Kim Sigler; Gene Alleman, East Lansing; Grace Mooney, Ph.D., New Haven, Connecticut; Les Biederman, Traverse City; Arthur L. Conrad, Washington, D. C.; Frank G. Dickinson, Ph.D., Chicago; L. S. Kleinschmidt, Chicago, and H. W. Brenneman, Lansing.

At the American Medical Association Centennial in Atlantic City the week of June 9, an outstanding piece of public relations coverage was done by Michigan's representatives. The five MSMS Delegates performed outstanding service in the AMA House of Delegates and forwarded the interests of medical practitioners in our State: an enviable position in the national organization has been secured over the years by Michigan's progressive Delegates whose words now carry weight.

Valuable contacts among AMA officials and in ancillary groups were made by other officers of the Michigan State Medical Society who attended the AMA; their continued presence at these Annual Sessions and their progressive recommendations and wise judgment on national medical problems have resulted in an assumption of leadership in such activities, as the: (a) Associated State Postgraduate Committees; (b) Program Committee, National Conference on Medical Service; (c) Co-operative Medical Advertising Bureau; (d) AMA Conference of County Society Officers; (e) Conference of Presidents and Other Officers of State Medical Associations; (f) Medical Society Executives Conference; (g) Medical Exhibitors Association; (h) Numerous informal meetings with individual officers of State Societies for the interchange of valuable information along medico-organizational lines.

Michigan continues to maintain its position of leadership, thanks to the self-sacrificing contribution of time and effort on the part of its MSMS Officers and Delegates who hold office or have achieved roles of guidance in national organizations and activities.

Accelerated Public Relations Program

"Full steam ahead" aptly describes the MSMS Public Relations Program of the past twelve months. A bird's eye view of the multitudinous activities of the P. R. Committee and its Counsel, Hugh W. Brenneman, best indicates the scope of work of this aggressive group whose program—scanned with interest and emulated by many other state medical societies—is possibly only through the generous financial contribution of every member of the Michigan State Medical Society. The panorama of activity of our Public Relations Committee is more fully appreciated by outlining some of the sub-titles:

Newspaper advertising—see P. R. Plan Supplement No. 1, sent to all MSMS members in June, 1947.

Radio program—see P. R. Plan Supplement No. 2, published in July, 1947. Total number of radio 60-minute hours: 372; total number of radio programs per annum: 3,861.

News releases—to all Michigan newspapers, on a bi-monthly basis.

Development of booklets and printed material (kits for M.D. speakers, high school and college debaters) showing benefits of American Medicine and private practice aided by voluntary pre-paid service plans.

Public Relations Bulletins to P. R. keymen throughout the State—inaugurated October, 1946.

Health education in schools, highlighted by program of venereal disease control.

Health news columns weekly in 157 county newspapers.

Articles in The Michigan Farmer.

"Medical Plan of Michigan"—an over-all "bible" listing the varied activities of the Michigan State Medical Society—a reference book for newspaper editors, radio writers, physicians, et cetera (published and mailed to all MSMS members in September, 1947).

Committee on Awards, created as a public relations vehicle whereby a county or the State Medical Society may honor outstanding laymen for accomplishments in the field of health.

Exhibits for the public, such as in the windows of business establishments in Grand Rapids during 1947 MSMS Annual Session.

Legislative Contacts, both in Lansing and in Washington, D. C. (including hearings on the Taft Health Bill—S.545).

Michigan Rural Health Conference, a joint venture sponsored by the Michigan State Medical Society in co-operation with 25 other agencies, scheduled for Michigan State College, East Lansing, September 18-19, 1947.

Michigan Rural Survey, sponsored by the Michigan State Medical Society, Michigan State College, and the Michigan Foundation for Medical and Health Education and other agencies—a three-year project to indicate the adequacy of medical care in Michigan's rural areas, to which MSMS contributed \$5,000 as its share of the total expense of \$45,000.

Contacts with the laity through medical talks to fraternal, civic, service, and veterans' organizations.

Contacts with newspapermen and radio broadcasters in their own community.

Close integration with other organizations in the health field.

To help handle the many details of the newspaper advertising and radio programs, both of which have attained adult proportions, the Michigan State Medical Society enlisted the services of an advertising agency during the past year, with excellent results.

The Public Relations Counsel successfully organized an informal conference of state and county medical society public relations counsels which held its initial meeting in Chicago on February 8, 1947, with an attendance of 37 individuals from all sections of the country. The pioneering work in Michigan was readily recognized by representatives of other medical organizations which, during the year, have called upon the MSMS for aid and advice, including informational talks at neighboring and distant state public relations conferences—which aid has always been forthcoming from the Michigan State Medical Society. The commanding position among state medical societies which Michigan enjoys is due to its courage, within recent years, to experiment and try out plans and programs for the benefit of its members and those whom they serve. This has required organization and finances, both of which have been supplied generously by the MSMS membership.

Committees

A total of 53 Committees functioned during the past year to aid The Council and the membership in the study of all matters and current problems facing the medical profession during the parlous period of postwar

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adjustment. The accomplishments of these very active groups are portrayed in their splendid Annual Reports, published in the Handbook for Delegates. The progress of the Michigan State Medical Society is molded by its productive committees whose members deserve high praise and sincere gratitude for their time-consuming efforts in behalf of all medical practitioners of Michigan. Some of the more active Committees included:

1. The Committee on Scientific Work has arranged a high calibre program for the 1947 Annual Session in Grand Rapids. Those who attend this three-day postgraduate course will have best evidence of the many months of preparation spent by this active Committee.

2. The Public Relations Committee—the achievements of this very active Committee, and of its several advisory committees, are fully outlined in its Annual Report (see page—). Chairman J. S. DeTar, M.D., merits the thanks of the Michigan State Medical Society and of all its individual members for his untiring efforts in helping to make successful the ambitious program of the Public Relations Committee during the past twelve months.

3. The augmented Cancer Control Committee, aided by funds from the Michigan State Medical Society, from the American Cancer Society, Michigan Division, as well as from the Michigan Department of Health, has accomplished more in a few months by a unified program than was possible through years of individual effort by three separate groups, though all were working toward the same end. President Wm. A. Hyland, M.D., is to be commended on his unifying efforts, and Chairman N. F. Miller, M.D., on his progressive program. It is to be noted that this Committee has employed a full-time medical secretary, Frank L. Rector, M.D., to effectuate the plans of cancer control in this state.

4. The Commission on Health Care, appointed by the House of Delegates, has been greatly expanded during the past twelve months. Chairman R. H. Pino, M.D., has done a remarkable work in pioneering his well-rounded program of "Medical Associates." The Commission plans a brochure, outlining the opportunities in the field of medical associates to graduates of high schools, junior colleges and colleges of the state. The Council placed at the Commission's disposal a budget of \$2,800. A full-time secretary is now employed by the Commission.

5. The Committee on Uniform Fee Schedule for Governmental Agencies, under the Chairmanship of R. L. Novy, M.D., held numerous meetings during the past year in Michigan and with the Veterans Administration in Washington, to effectuate necessary revisions to the Fee Schedule. It is hoped that the new Uniform Fee Schedule for Governmental Agencies will be published and ready for distribution by September, 1947.

6. The High School Athletic Benefit Plan Committee, under the leadership of S. W. Donaldson, M. D., has developed an excellent rapport with the High School Accident Association and the Michigan Department of Public Instruction. This Committee urges increased interest on the part of MSMS members in the High School Accident Benefit Plan which embraces 30,000 prospective patients of Michigan physicians.

7. In May, appointment was made of a new committee with an important task and great potential for good—the Committee to Study the Medical Practice Act.

Contacts with Governmental Agencies

The Michigan State Medical Society continues its important contacts with many governmental agencies, both federal and state. Chief among these during the past year were:

1. *U. S. Congress.*—MSMS was represented at the hearing of the Taft Health Bill (S.545) by Council Chairman E. F. Sladek, M.D., on June 6, 1947.

2. *Contact with individual U. S. Senators and Congressmen in Washington, D. C.*—A meeting of three MSMS representatives with Michigan's congressional dele-

gation on February 14 was a master stroke of good public relations and aided in solving several major misunderstandings and in creating goodwill in behalf of Michigan's doctors of medicine.

3. *The Michigan Legislature.*—The report of the Legislative Committee outlines in detail the numerous bills affecting the practice of medicine which were poised by the Legislature of 1947. After five months in Lansing, the Legislature left behind it a number of laws beneficial to the health of the people of this state. No legislation inimical to public health was adopted. The Legislative Committee, headed by L. A. Drolett, M.D., is to be thanked for its tireless efforts and healthy accomplishment.

4. *The Michigan Crippled Children Commission* and the Michigan State Medical Society continue their fine mutual relationship which has existed for many years, due principally to the co-operative understanding of Chairman Emmet Richards of Alpena, R. V. Walker, M.D., Detroit, the other members of the Commission, and Medical Director Carleton Dean, M.D., of Lansing. As a result of amendments to the Afflicted and Crippled Children Acts, made by the 1947 Legislature, a number of revisions in the fee schedule for medical care of Afflicted and Crippled Children are expected.

5. *Michigan Department of Public Instruction.*—The advice of the Michigan State Medical Society was sought by the Michigan Department of Public Instruction on a number of occasions, especially in the matter of training programs under the GI Bill of Rights.

6. *The State Welfare Department* sought MSMS advice in connection with the medical phases of boarding homes for orphans.

7. *University of Michigan.* The annual meeting of the MSMS Liaison Committee with President Alexander G. Ruthven was held in Lansing on June 19. This group, chairmanned by E. I. Carr, M.D., continues to maintain constructive contacts and to foster joint co-operative activities, such as the lectures in medical economics presented by six MSMS officers to the senior and junior classes. The work of the Dean of the Medical School, A. C. Furstenberg, M.D., in efforts to solve the problem of rural medicine and general practice, has been nationally outstanding.

8. *Michigan Department of Health.* Numerous contacts were made during the past year, especially in connection with cancer detection by x-ray, and in discussions concerning practice of medicine by health officers.

9. *Wayne University College of Medicine.* The Medical school also features lectures in medical economics presented by MSMS officers. Dean Hardy A. Kemp, M.D., has been most co-operative particularly in arranging postgraduate continuation courses for MSMS members.

10. *The end of EMIC.* The Emergency Maternal and Infant Care Program, a wartime federal social experiment that snowballed into a taxpayers' nightmare, was liquidated as of July 1, 1947. All women eligible for obstetrical care prior to that date will receive service until April 1, 1948, the final date of this unfortunate experiment. A worth-while result of the EMIC was the attention it spotlighted on the inadequacies, dangers and insidiousness of socialized medicine.

Contacts with Non-Governmental Agencies

1. *Michigan Hospital Service.* The Council is fully aware of the unsolved problem created by the withdrawal of the Mercy hospitals from the Michigan Hospital Service plan, and a committee has been seeking a solution of the problem.

Throughout the year, the actions and deliberations of Blue Cross (Michigan Hospital Service—Michigan Medical Service) have been reviewed and studied by the MSMS Council and its Executive Committee. In cases where clarification and further information were desired, the Boards of these two service corporations were contacted in each case and the medical viewpoint was stressed.

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2. *Michigan Medical Service* continues to serve well as a fiscal agent of medical practitioners, as a means of supplying prepaid medical service to the people, and as the leading bulwark among the states against compulsory programs to regiment medicine. Recognition of outstanding service by its President, R. L. Novy, M.D., and its Executive Vice President, J. C. Ketchum, is gratefully recorded.

3. *The Michigan Society for Crippled Children and Disabled Adults* continues to underwrite Michigan's Rheumatic Fever Control Program with a grant to the Michigan State Medical Society of \$15,000 annually. Fifteen Rheumatic Fever Centers in Wayne County will soon augment the nine out-state centers which have been in operation for almost two years.

The Alpha Phi Sorority is lending active aid to the Rheumatic Fever Control Program sponsored jointly by the Michigan State Medical Society, the Michigan Society for Crippled Children and Disabled Adults, and the Michigan Crippled Children Commission.

4. *The Child Health Survey*, sponsored by the American Academy of Pediatrics, Michigan Branch, and the Michigan State Medical Society, is nearing completion. Results of this important study, financed and controlled exclusively by voluntary organizations, will be announced in a matter of months.

5. *The State Bar of Michigan* sought the advice of the Michigan State Medical Society's Liaison Committee re the Minnesota Plan to control loose and unethical expert medical testimony.

The State Bar tabled a resolution, on the occasion of its Annual Meeting, which would have favored compulsory health insurance (Wagner-Murray-Dingell Bill).

6. *Michigan Association of Welfare Boards and Boards of Supervisors*. In September, 1946, Secretary L. Fernald Foster, M.D., was invited to address this Association on "The Uniform Fee Schedule for Governmental Agencies." The philosophy behind the Uniform Fee Schedule and the need for its adoption by county boards of supervisors was thoroughly outlined; the numerous questions of the supervisors were answered.

A recommendation on the Uniform Fee Schedule for Governmental Agencies follows.

7. *Michigan Foundation for Medical and Health Education, Inc.*—This fund, under the Presidency of E. I. Carr, M.D., has made progress during the past year but has not reached its goal of \$150,000 in contributions from doctors of medicine. Only after the medical men have proven their interest in their own Foundation—through financial support—can the Trustees of the Foundation seek gifts in larger amounts from lay friends. The Foundation is making plans for active use of income received from its principal.

A recommendation on this subject follows.

Matters Referred to the Council by 1946 MSMS House of Delegates

1. *Appointment of a State Veterans Affairs Committee.*—This Committee was appointed, in accordance with instructions of the House of Delegates; the members of the Committees are composed of veterans, geographically representative of all parts of Michigan.

2. *Humane use of animals for scientific purposes.*—The Council not only followed the instruction of the House of Delegates to "formally protest any interference with the humane use of animals for experimental purposes" but it co-operated in a movement of Michigan scientific men to sponsor a bill to license and regulate vivisection in Michigan; this daring proposal was approved by the Michigan Legislature of 1947, despite bitter activity by antivivisectionists aided by the vigorous promotion of a chain newspaper.

3. *Priorities for doctors of medicine in purchase of automobiles.*—The Council followed through on the instruction of the House of Delegates and held conferences with representatives of the Michigan Automobile Dealers Association in efforts to obtain priorities for

Michigan doctors of medicine for the purchase of new automobiles.

New Projects and Miscellaneous Activities

1. *Michigan Postgraduate Clinical Institute.*—The eminently successful experiment was originated at a meeting of the Executive Committee of The Council in October, 1946. The three-day Institute, designed to accentuate throughout the nation the fine postgraduate work and splendid scientific medical men of Michigan, and to strengthen the ties in postgraduate endeavor between the state's medical profession and the MSMS Postgraduate Medical Education Committee, was held in March, 1947, in co-operation with the Wayne County Medical Society, University of Michigan Medical School, Wayne University College of Medicine, the U. of M. Department of Postgraduate Medical Education, and the Michigan Foundation for Medical and Health Education, Inc. The attendance of 1,293 and the publicity of 9,307 lines in Michigan's newspapers attest the high quality program and the masterful job of production, publicity, and public relations accomplished by this experiment. Needless to say, the Institute will be an annual event in Detroit, in the month of March.

2. *General Practice and Rural Medicine.*—This matter was discussed at a number of meetings of The Council and its Executive Committee during the year. The problem of inadequate medical service in rural areas exists and must be solved through the co-operation of the Michigan State Medical Society, the medical schools of the State, and farm organizations interested in the health of their constituents. The Furstenberg Plan, previously mentioned, will interest physicians to practice in smaller communities. However, the production of additional doctors and the permanence of their stay in rural areas are problems not easily solved. Some state medical societies and some state legislatures have developed programs of subsidizing the medical education of youths who agree to spend five years, after internship, in rural areas. Such a program might well be considered in Michigan, for the immediate future.

3. *Remission of dues for young physicians* whose training was interrupted by military service. The Council adopted a ruling in January, 1947, whereby Associate Membership, with remission of dues and assessments, was granted any young physician whose medical training was interrupted by military service.

4. *Sykes grant.*—R. S. Sykes, D.D.S., of Muir, Michigan, presented \$500 to the Michigan State Medical Society for use in instruction of doctors "in the difference between non-pathological and true sarcoma or cancer." This gift was accepted by The Council and the grant will be used to provide a lecturer at future MSMS Annual Sessions (September) as well as at the Annual Michigan Postgraduate Clinical Institute (March) to speak on the subject of "The Differential Diagnosis of Benign and Malignant Tumors."

Recommendations

The Council recommends:

1. That the House of Delegates invite to the attention of county medical societies their opportunity to award honorary memberships on laymen who have contributed outstanding service in behalf of the health of the community; further, that recommendations for awards by the Michigan State Medical Society is the prerogative of the county medical society.

2. That doctors of medicine become more cancer-control minded, and that the House of Delegates use its influence, collectively and individually, to attain this salutary end. If this task is not accomplished by doctors through voluntary means, soon it will be assumed by the government, both federal and state.

3. In view of amendments made by the 1947 Michigan Legislature to the Crippled and Afflicted Children Acts whereby the maximum limit on fees for care of these state wards is set at ninety dollars, The Council again

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recommends that the House of Delegates urge all component county and district medical societies to make every effort, within the next few months, to negotiate necessary revisions in schedules of benefits covering governmental wards so that individual members of county societies are not penalized by being forced to perform services at a financial loss and below the fees either charged private patients in their particular areas or those indicated in the Uniform Fee Schedule for Governmental Agencies. It is to be noted that the county contractual clause in the Afflicted-Crippled Children Acts limits the Michigan Crippled Children Commission to payment of the county fee, where it is less than the MCCC fee schedule.

4. That the Michigan Foundation for Medical and Health Education, Inc., receive enthusiastic personal financial support from doctors of medicine in Michigan, to the end that the Foundation may see larger sums from health-minded laymen—it being the prerogative and responsibility of the medical profession to lead the way in this salutary endeavor.

5. That a Public Relations program be continued, to be financed if necessary by a special assessment.

Respectfully submitted,

E. F. SLADEK, M.D., *Chairman*
O. O. BECK, M.D., *Vice Chairman*
L. FERNALD FOSTER, M.D., *Secretary*
C. E. UMPHREY, M.D.
P. A. RILEY, M.D.
WILFRID HAUGHEY, M.D.
R. J. HUBBELL, M.D.
J. D. MILLER, M.D.
R. C. POCHERT, M.D.
T. E. DEGURSE, M.D.
W. E. BARSTOW, M.D.
F. H. DRUMMOND, M.D.
R. H. HOLMES, M.D.
A. H. MILLER, M.D.
W. H. HURON, M.D.
D. W. MYERS, M.D.
E. R. WITWER, M.D.
J. S. DETAR, M.D.
W. A. HYLAND, M.D.
P. L. LEDWIDGE, M.D.
A. S. BRUNK, M.D.

ANNUAL REPORT OF LEGISLATIVE COMMITTEE, 1946-47

The Sixty-fourth Michigan Legislature convened on January 2 and adjourned on June 9, 1947. During this five-month period, 937 bills were introduced; 395 laws were made. Of the bills proposed, 59 dealt directly with or were of primary concern to the practice of medicine.

The 1947 Legislature enacted into law several important measures and amendments sponsored or approved by the Michigan State Medical Society. On the other hand, no proposed legislation that would have lowered Medicine's high standard—and thereby would have been detrimental to the health and welfare of Michigan—was enacted into law in the 1947 session!

Bills Passed by the Legislature

H.F. 451.—This Act will implement in Michigan the provisions of the Federal Hospital Survey and Construction Act. As passed, the law is almost verbatim with the recommendations made by the MSMS Executive Committee of The Council. It calls for a Director to be appointed by the Governor to administer the act with the help of an Advisory Council. No crippling amendments were included in the bill as finally passed in spite of sundry attempts of cultist organizations to use it as an opening wedge for entrance into medical hospitals. The Act specifically provides against any attempt to use the provisions of the law to socialize medicine.

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S.B. 201.—As passed this law will license and regulate vivisection. No crippling amendments were made to the bill as originally drafted, despite bitter activity by antivivisectionists aided by the vigorous promotions of a chain newspaper.

S.B. 274,275.—As passed these Acts will raise hospital rates under the Afflicted and Crippled Children's Acts from \$7 to \$11 and the maximum fee in the Michigan Crippled Children's Commission fee schedule from \$75 to \$90 (a 20 per cent increase). House Bills 437-438 were identical.

S.B. 378.—This Act would have required immunization against diphtheria, whooping cough and smallpox as a condition precedent to entrance in school. Although passed by the Legislature, the measure was vetoed by Governor Sigler on the basis that it was a step toward regimentation.

Bills Which Failed to Pass the Legislature

S.B. 215.—This bill would have permitted osteopaths to certify for the commitment of the insane to mental disease hospitals. It was passed by the Senate, but died in a House Committee despite extreme attempts of the osteopaths to force it into law.

H.B. 166 would have provided for licensing of industrial medical assistants, thus dignifying factory first-aiders with professional status.

H.B. 404.—If passed, this proposal would have exempted the chiropractors from the provisions of the Basic Science Law.

H.B. 405.—This bill would have recognized naturopathy as a profession by licensure.

H.B. 416 would have regulated and controlled the sale of pets. This was an antivivisectionists' bill introduced to keep laboratories from obtaining necessary animals for experimental purposes.

H.B. 439 would have limited Blue Cross Plans to participating hospitals only and limited cash awards to the return of one year's premium. It was reported from the Committee on Insurance to the floor of the House, but after a heavy skirmish, was referred back to Committee.

H.B. 495.—If passed, this legislation would have prohibited vivisection and the sale of animals for vivisection purposes.

Other Legislation of Interest to Medical Practitioners

S.B. 1.—Rules and regulations of state agencies, require submission to legislature. Amends administrative code. This law curbs the tendency towards legislation by bureaucratic edict. PASSED and signed by Governor Sigler.

S.B. 4.—This bill, to give Wayne University the status of a State University, is of interest to the medical profession because the medical school of Wayne University is an important component. The bill called for the establishment and regulation of Wayne University as a State school and the fixing of membership and powers of its governing board. **H.B. 468** was a similar bill. Died in Senate Committee on Education.

S.B. 10 increases old age assistance on hospitalization to \$60. In addition, it removes the requirement that relatives support the applicant if they have financial ability. PASSED.

S.B. 32.—Adoption of minors. Extends probate court jurisdiction as to children of parents to divorce action; releases for adoption, etc. PASSED.

S.B. 50.—Old age assistance: prohibits denial to persons whose income is under \$300. PASSED SENATE: Died in House Ways and Means Committee.

S.B. 72 would require approval of the Legislature by concurrent resolution to rescind the license of organizations founded for benevolent or charitable purposes. Might have affected the Michigan Foundation for Medical and Health Education, sponsored by the MSMS. PASSED SENATE: Died in House Committee on State Affairs.

S.B. 75 requires pasteurization of all milk or milk products. This bill was approved by The Council of the Michigan State Medical Society upon recommenda-

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tion of the Legislative Committee. H.B. 97 was an identical bill. PASSED.

S.B. 93.—Income tax of 1 per cent on taxable net income. NOT PASSED.

S.B. 94.—Appropriation of \$150,000 for state owned American Legion Hospital, Fort Custer. NOT PASSED.

SJR—"H" would have increased membership for state board of education. NOT PASSED.

S.B. 117.—Constitutional convention: provide for submission to electors the question of calling. PASSED.

S.B. 156.—Community property divided between husband and wife each having one-half thereof. PASSED and signed by Governor Sigler.

S.B. 166 permits insurance commissioner to disapprove unfair rates and benefits in health and accident policies. PASSED.

S.B. 249.—Workmen's Compensation Act would amend to require employers to furnish medical and surgical services and medicines for a period of one year after injury. PASSED SENATE: Died in House Committee on Labor.

S.B. 251 would amend Workmen's Compensation Act in regard to physicians' reports and medical records as evidence. NOT PASSED.

S.B. 260 would appropriate \$275,000 to construct 50-bed addition to Saginaw County T.B. Hospital. NOT PASSED.

S.B. 261 would impose a net income tax on corporations, limited partnerships. NOT PASSED.

S.B. 271 requires submission to electors of county for establishment of county health department upon filing of petitions of 20 per cent of qualified voters. PASSED.

S.B. 288 would license dental laboratory technologists. NOT PASSED.

S.B. 345 would provide for investigation by Department of Health and control thereof through rules and regulations of occupational disease and industrial health hazards. Died in Committee on Labor.

S.B. 347 would clarify language regarding recovery from estate of responsible relative for care of mentally diseased patients. NOT PASSED.

S.B. 375 would increase ceiling on state refunds to county health departments on cost of operation. PASSED SENATE. Died in House Committee on Ways and Means.

S.B. 376 would repeal sections of criminal code providing for examination for persons accused of murder, for insanity. NOT PASSED.

H.B. 16 and S.B. 11.—These identical bills would have provided \$1,250,000 for a T.B. Sanitarium in Kalamazoo. NOT PASSED.

H.B. 115 would require physical examination of participants in boxing or wrestling at least once each four months; limits participation to not oftener than one each week. PASSED HOUSE: Died in Senate Committee on State Affairs.

H.B. 122 would require the state to stand full financial support of all public patients, i.e., insane, feeble minded, epileptic or mentally diseased persons. NOT PASSED.

H.B. 163.—Silicosis would be placed on same basis as other occupational disease under Workmen's Compensation Act. NOT PASSED.

H.B. 204 extends liability for care of insane persons in state hospitals to include patient. PASSED.

H.B. 207 repeals war termination clause of act designating superintendent of public instruction as agent to receive any federal grants to state in aid of education. PASSED.

H.B. 211 would change school code to include all ages for classes for physically handicapped. NOT PASSED.

H.B. 235 would amend Workmen's Compensation Act in regard to appointment of liability on occupational diseases. NOT PASSED.

H.B. 281 would increase the county clerk filing fee from 50 cents to \$1.00 for certificates of registration of physicians and surgeons. PASSED.

H.B. 323 would amend Workmen's Compensation Act to allow commission to fix amount of bill and order such appliances as dental service, artificial limbs, etc. PASSED HOUSE: Died in Senate Committee on Labor.

H.B. 378 would require completion of 8 grades of school or certificates from a physician or psychologist showing that such person is not feeble minded. NOT PASSED.

H.B. 409 provides for secrecy of birth and death records of illegitimate children. PASSED.

H.B. 421 permits temporary detention by police officer for not to exceed 48 hours not counting Sundays and holidays. PASSED.

H.B. 427 would create new state department to take over duties of department of mental health and other departments. NOT PASSED.

H.B. 475 authorized Department of Mental Health to lease property of Munson Hospital to a nonprofit corporation to operate a general hospital in Traverse City. This proposal was favored by the medical profession of Grand Traverse County. PASSED.

H.B. 487 would amend Workmen's Compensation Act to permit employees' choice of medical, surgical and hospital services. NOT PASSED.

H.B. 486 would amend Workmen's Compensation Act to require employers to furnish to any employee any medical information they have regarded such employee. Died in House Committee on Labor.

H.B. 500 would have made general amendments to the Hospital Act for mentally diseased persons. Died in House Committee on Judiciary.

H.B. 542.—Tuberculosis: would increase state aid to sanatoriums for free patients from \$2.50 to \$3.00 per day. Removes ceiling. NOT PASSED.

Thanks

The Legislative Committee again expresses appreciation to the intelligent and health minded members of the Michigan Legislature for their courteous consideration of the legislative problems of the medical profession and the fair minded reception they extended our representatives during the 1947 session.

To Governor Kim Sigler, the Legislative Committee is grateful for friendly co-operation that he and his associates in the Executive Office extended to the medical profession in all health matters.

The Committee also wishes to express its sincere thanks to the members of the medical profession throughout the state who kept their friends in the Senate and the House well informed concerning medical legislation.

Our many thanks to William J. Burns and Hugh W. Brennehan who worked so hard to keep us informed and lay the ground work for the Committee's efforts during the year.

Respectfully submitted,

L. A. DROLETT, M.D., *Chairman*
 WILLIAM BROMME, M.D.
 E. F. DUCEY, M.D.
 H. B. FENECH, M.D.
 D. L. FINCH, M.D.
 NICOLA GIGANTE, M.D.
 C. S. GORSLINE, M.D.
 T. K. GRUBER, M.D.
 E. D. KING, M.D.
 S. L. LOUPEE, M.D.
 O. B. MCGILLICUDDY, M.D.
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 A. E. SCHILLER, M.D.
 E. W. SCHNOOR, M.D.
 E. F. SLADEK, M.D.
 J. G. SLEVIN, M.D.
 E. S. THORNTON, M.D.
 R. V. WALKER, M.D.
 GEORGE WATERS, M.D.
 A. V. WENGER, M.D.
 J. B. WHINERY, Jr., M.D.

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ANNUAL REPORT OF PUBLIC RELATIONS COMMITTEE, 1946-47

The Public Relations Committee was expanded this year so that a representative from each of the MSMS Councilor Districts was placed on the Committee. Six permanent subcommittees and several temporary advisory committees are working actively on special projects.

The program of MSMS Public Relations has become organized, well ordered and enthusiastic. It is impossible to record here the multitudinous contacts with lay organizations, communication media and personnel, medical organizations, important individuals in the business and professional world, legislators, health and educational organizations, practicing physicians, etc. Yet these contacts have been of utmost importance in making possible the highly successful PR effort of your State Society. Nor is it possible to enumerate the many instances in which action has been taken to guard the profession from attack, misrepresentations, etc.

The Public Relations Committee has met in full on four occasions and in subcommittees on seven occasions. The work of these committees is included in this report. Their membership is as follows:

Committee on Development of Literature: Wilfrid Haughey, M.D., Chairman; W. D. Barrett, M.D.; D. R. Brasie, M.D.; C. W. Colwell, M.D.; W. B. Harm, M.D.; H. J. Kullman, M.D.; A. E. Schiller, M.D. *Committee on Distribution of Literature:* C. L. Weston, M.D., Chairman. *Special Committee on Radio:* C. L. Candler, M.D., Chairman; A. S. Brunk, M.D.; P. L. Ledwidge, M.D. *Committee on Cinema:* F. R. Reed, M.D., Chairman; L. Fernald Foster, M.D.; Wm. J. Burns. *Committee on Awards:* L. Fernald Foster, M.D.; Wilfrid Haughey, M.D.; J. Milton Robb. *Scientific Radio Committee:* H. M. Pollard, M.D., Chairman; J. H. McMillin, M.D.; R. W. Meredith, M.D.; F. R. Reed, M.D.; G. M. Waldie, M.D.; F. A. Weiser, M.D.; L. J. Morand, M.D.; J. S. DeTar, M.D.; H. A. Kemp, M.D.; R. M. McKean, M.D. *Committee on Radio and Newspaper Review:* C. A. Payne, M.D.; G. T. Aitken, M.D. *Committee on Dramatized Radio:* R. W. Teed, M.D., Chairman. *Committee on Newspaper Policy:* L. E. Holly, M.D.; H. J. Meier, M.D.

In all meetings the main thought has been to plan activity in advance which, culminating in six months, a year, two or three years, will keep the medical profession in a position of leadership in the entire health field in the eyes of the public. Such leadership is inexpensive compared to the complications which ensue if medicine takes a secondary role; yet funds must be available and at the present time are at hand due to the \$25 per capita assesment. These funds are expended only after an elaborate and effective series of qualifications have been met. Below is a skeleton report of some of the activity sponsored by the Public Relations Committee during 1947.

Newspapers

News Releases.—Releases have been made on each MSMS member appointed to a MSMS Committee. Releases on activity of MSMS meetings have received excellent usage. Example: 9,307 lines of newspaper space were given to the Michigan Postgraduate Clinical Institute including editorials and pictures. Releases have been issued on all matters of news interest developed within the Society on the state level. Articles have been published in the *Michigan Farmer* magazine and in medical journals.

Health News Column.—A weekly column is distributed in mat form to 157 weekly newspapers in the state. This column provides the public with authoritative information on health and medical developments as well as on socio-economic problems affecting health.

Advertising.—By the use of all daily papers and selected weekly newspapers the coverage of the ads has reached a minimum of 80 per cent of the people in every area of the state. In addition the ads have been run in labor newspapers and in the *Michigan Farmer* maga-

zine. Ads used were six 4 x 7½ (dailies) and 4 x 6 (weeklies) for a total of eighteen advertisements in each paper scheduled for the year; twenty-one in the Detroit area. These advertisements are of the institutional variety using the idea that medical organization is solving the need for a constructive program of health care in Michigan, with the end in mind of obtaining increased public support for the system of private practice of medicine.

Radio

"Tell Me, Doctor"—This daily health news broadcast prepared on transcriptions is being heard regularly over fifteen stations in Michigan. It is prepared and distributed under the direction of the PR Counsel and a subcommittee of the Public Relations Committee.

"Medical Talks"—A University of Michigan-Michigan State Medical Society weekly fifteen-minute scientific program heard over three stations in Michigan—WJR, Detroit; WKAR, East Lansing, and WMIQ, Iron Mountain.

"Doctor of Medicine"—A weekly ten-minute program over CKLW, Detroit, featuring a guest doctor of medicine speaking on a subject of medical interest.

Co-operative Radio.—Various organizations and some county medical societies have sponsored radio programs. The Michigan State Medical Society has in many cases either provided scripts or personnel in co-operation with both lay and medical groups.

(Total number of sixty-minute radio hours.....372)

(Total number of radio programs per annum...3,861)

Cinema

Catalogue.—Work is going forward to develop a catalogue of available films on health subjects.

Projector.—An illustrovox has been obtained and is available for the showing of strip films or slide films or for the playing of transcriptions.

Pamphlets

To Members.—P. R. Supplement No. 1 (covering the newspaper publicity and advertising activity) and P. R. Plan Supplement No. 2 (treating the subject of MSMS Radio programs) to the Public Relations Plan have been prepared and will be distributed shortly.

A Public Relations Bulletin is being issued monthly. This was temporarily suspended during the Legislative Session when many legislative bulletins were issued.

To Schools.—Every available pamphlet has been obtained on the subject of compulsory sickness insurance and voluntary health insurance, put into kits, and mailed to every high school in the state.

A pamphlet "Check and Double Check" has been ordered in quantity so that one may be sent to each member. Only 400 have been received from the printer and these have been issued.

New Pamphlets.—Three pamphlets are being published, one for schools, one for civic groups, and one for lay distribution.

Pamphlets for Related Organizations.—One pamphlet for the Michigan Society for Crippled Children and Disabled Adults is being prepared on the MSMS Rheumatic Fever Control program. Two pamphlets on the Michigan Foundation for Medical and Health Education, Inc., have been prepared and are being issued.

Display

A card for display in doctors' offices promoting the "Tell Me, Doctor" has been prepared and distributed. No other display has been prepared pending the obtaining of display fixtures.

IDWTGTRMB Club

The IDWTGTRMB Club has been set up as a separate nonprofit corporation and continues to gain membership and publicity in opposition to efforts of those who espouse the tenets of socialism.

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Organizational

Michigan Rural Health Conference.—With twenty-five other state organizations as cosponsors, this Conference will be held at East Lansing on the campus of Michigan State College on September 18-19.

Schools

A sex education program for use in schools is being prepared in co-operation with Wayne University. A trial was made of a sample program in Benton Harbor before a Parent-Teachers Association and the results indicate enthusiastic acceptance. For distribution of pamphlets to schools see "Pamphlets."

Annual Reports

Medical Plan for Michigan.—The outline for this compilation of activities of the MSMS and related organizations which in effect constitutes a Medical Plan for Michigan has been prepared and currently is being written for publication and distribution in September.

Public Platform

Speakers Bureaus.—A speakers bureau has been set up in the majority of county medical societies. Representatives of the Michigan State Medical Society have appeared before many lay groups.

Speakers Kits.—These have been prepared and sent to all members of county speakers bureaus.

Awards

A system of awarding recognition to outstanding lay people and organizations performing outstanding service in the cause of health has been set up. Three persons and one organization have been cited: Charles F. Kettering, Detroit; Emmet Richards, Alpena; Percy Angove, Detroit; Michigan Society for Crippled Children and Disabled Adults.

Co-operation With State and National Medical Societies

Upon request the MSMS has offered concrete and direct advice both personally and by letter to fifteen state medical societies. A national meeting of State Public Relations Councils was held informally in Chicago on February 8 at the urging of MSMS. A system of exchange of public relations materials has been adopted and is now in use. Attendance, participation, and co-operation in programs of the AMA have been carried out to the fullest extent. Excellent relations have been established in the public relations efforts of the National Physicians Committee and other national organizations fighting the cause of private practice.

Michigan Rural Survey

A survey of needs for medical care in Michigan and the availability of medical care as well as the extent of other health services and public reaction is being planned in connection with the Social Research Bureau of Michigan State College.

* * * * *

Hugh W. Brenneman as Public Relations Counsel has forwarded and implemented the desires of the Committee. His counsel has served to correlate the public relations activities of the various committees of the MSMS with the Public Relations Committee toward the end that general stimulation has been gained and constructive activity planned.

Wallace-Lindeman, Inc., of Grand Rapids, was retained as advertising counsel in November to aid in implementing portions of the Public Relations Plan. The work of this Agency has been consistently of high caliber, its advice valuable. This organization has assisted in the newspaper, radio, pamphlet and display campaigns and in many instances it has been able to save the Society's funds by obtaining favorable quotations from printers, writers, technical men, etc.

The \$25 individual assessment voted by the 1946 House of Delegates for the 1947 program of public relations has been budgeted as follows:

Newspapers	\$8.25
Radio	3.53
Michigan Rural Health Survey.....	1.18
Michigan Rural Health Conference.....	.45
Medical Education	2.35
Medical Plan for Michigan.....	1.65
Purchase of Pamphlets.....	.70
PR and Secretaries Conference.....	.52
Michigan Health Council.....	1.18
School23
Display23
Cinema23
Child Health Survey.....	.23
Conference of Presidents.....	.05
Committee Meetings23
National Conference on Medical Service.....	.10
Travel Expense45
New Equipment17
Postage21
Printing, Stationery and Supplies.....	.10
Telephone and Telegraph.....	.19
Rent10
Salaries	2.60
Miscellaneous07

The Public Relations Committee urges the continuation of a Public Relations program in 1948.

Respectfully submitted,

J. S. DeTAR, *Chairman*
 C. L. CANDLER, M.D., *Vice Chairman*
 A. S. BRUNK, M.D.
 C. R. KEYPORT, M.D.
 C. L. WESTON, M.D.,
 N. J. FRENN, M.D.
 L. T. HENDERSON, M.D.
 W. J. HERRINGTON, M.D.
 S. W. INSLEY, M.D.
 L. E. HOLLY, M.D.
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 WM. S. JONES, M.D.
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 H. M. POLLARD, M.D.
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 F. J. O'DONNELL, M.D.

ANNUAL REPORT OF COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION, 1946-47

The Committee on Postgraduate Medical Education held its usual two meetings during the year 1946-47, the first on January 18, 1947, and the second on June 19, 1947. About one-half of the committee members attended these meetings, but those attending showed a keen interest in the work and offered valuable constructive criticism.

The Committee changed the type of program for the year, using a panel discussion made up of four speakers in various fields of medicine. The doctors in the teaching centers were asked to appoint a physician as moderator from their vicinity who specialized in the field under discussion. After the reports of the Spring meetings of 1947 were studied, it was the decision of the Committee that a member of the panel be selected as moderator, this plan to be tried out during the meetings of October and November, 1947.

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The Committee is happy to report that the teaching center of Sault Ste. Marie was used on May 26, 1947, and that twenty-six doctors attended, which is 104 per cent for that district. In other words, more doctors than those practicing in that territory attended. The teaching at Powers was not given this Spring because that date fell upon Memorial Day and our councilor in that region advised against holding the meeting. The subjects which were selected by the Committee and given in the different teaching centers were as follows:

Autumn, 1946

1. The Prognostic Significance of the Signs and Symptoms of Heart Disease.
2. The Differential Diagnosis of Chronic Pulmonary Disease.
3. Convulsions in Infancy and Childhood. Differential Diagnosis and Management.
4. Anemias in Infancy and Childhood.
5. Diagnosis and Treatment of Disease of the Peripheral Vascular System.
 - (a) Acute Thrombosis.
 - (b) Peripheral Vascular Deficiency.
 - (c) Varicose Veins.
6. Indications for Caesarean Section.

Spring, 1947

Panel Discussion: Management of Pediatric Emergencies.
Panel Discussion: Clinical Manifestations of Allergy.

In spite of blizzards, impassable roads, and floods causing cancellation of the original dates of meetings in three centers, the same program was presented later. These cancellations undoubtedly explain the lessened attendance at the substitute meetings. However, in spite of these things, 1,218 physicians attended one or more of the four meetings given in all of the teaching centers of the state. This is an increase of thirty-three doctors attending the meetings.

During both meetings of the Committee on Postgraduate Medical Education, a matter of a change in the type of program was discussed. It was felt that using the panel type of presentation for one year might stimulate greater interest in the whole program. This experiment will be continued during October and November of this year. The Committee has in mind other types of programs and will undoubtedly recommend these for experimental tests. It is felt by the Chairman and the Committee that the doctors tire of one type of program and that from time to time changes should be made. At present, the Committee feels that each session should deal with one subject only, and that more opportunity should be given for questioning by attending physicians. The attendance record on the Extramural Centers was as follows:

Ann Arbor	93
Battle Creek-Kalamazoo	186
Bay City-Saginaw	147
Flint	140
Grand Rapids	156
Jackson	102
Lansing	127
Mt. Clemens	73
Traverse City	90
Upper Peninsula: Marquette-Houghton-Ironwood-Sault Ste. Marie	104
TOTAL PHYSICIANS	1,218

Teachers were obtained from both medical schools, and by the selection of physicians throughout the state. The numbers are as follows:

Wayne University College of Medicine.....	10
University of Michigan Medical School.....	25
Teachers Affiliated with the Department of Postgraduate Medicine as Postgraduate Lecturers.....	11
TOTAL LECTURERS	46

The new type of postgraduate conference held in Detroit on March 12, 13, and 14, using only state talent as essayists, was heartily received and approved of by most of the doctors of the state. The numbers attending the three-day meetings were:

Detroit Postgraduate Clinical Conference	
March 12, 1947.....	703
March 13, 1947.....	285
March 14, 1947.....	94
Total:	1,255

The reception of this type of meeting leads the Committee to recommend its repetition annually. It is felt that many well-trained physicians in the state should be used as speakers for this program and that it is especially stimulating to the younger, able, and talented doctors of medicine in our midst, and who should be used at subsequent conferences of this kind.

The Michigan State Medical Society granted 30 Certificates of Fellowship, and 21 Certificates of Associate Fellowship in Postgraduate Education in September, 1946.

Intramural Activities

Herein is appended a record of Postgraduate Continuation Program for the year 1946-47, given in Wayne University College of Medicine. This shows a rapidly developing and well attended curriculum of postgraduate teaching. The large number of physicians returning from military duty taking the work in this center speaks well for the program and the continuing interest of these returning medical veterans.

At the University of Michigan Medical School, the attendance fell from 1,010 in 1945-46 to 993 in 1946-47. The explanation is that the very heavily attended course lasting two months dealing with Application of the Basic Sciences failed to attract physicians coming out of military service as it had the year before. Undoubtedly, these men are settled in practice and devoting their entire time to it.

The various courses offered with the exception of basic sciences course had about the same attendance as in the previous year. Some of them had increased in registration. The registration in each course is given below:

Clinical Internal Medicine.....	54
Application of the Basic Sciences.....	36
Decentralized Resident Training Program.....	29
Clinical Exercises for Practitioners.....	29
Electrocardiographic Diagnosis	77
Anatomy	68
Diagnostic Roentgenology	38
Otolaryngology	45
Ophthalmology	100
Pediatrics	16
Diseases of the Heart.....	34
Diseases of the Gastrointestinal Tract.....	17
Recent Advances in Therapeutics.....	32
Diseases of the Blood.....	12
Allergy	20
Metabolism and Endocrinology.....	20
American College of Physicians	
Cardiology	40
Internal Medicine	51
Personal Courses (Interns, Assistant Residents, Residents, and miscellaneous registrations)	218
Foreign Doctors	57
TOTAL:	993

A total of 478 veterans attended the Intramural Courses for the year 1946-47.

The Committee wishes to thank the teachers who prepared and gave the lectures in both the Intramural and Extramural work. It feels that there are capable young teachers who has not been used in the Michigan Plan of Postgraduate Medical Education, and it desires to be informed about this group so that it may call on it to relieve some of the older physicians who have carried the teaching load for many years. It is still the opinion of the Committee that Postgraduate Medical Education as carried on by the Michigan State Medical Society, Wayne University College of Medicine, University of Michigan Medical School, and also the State Department of Health is the most useful of State Society activities and that it is continuing to serve a most useful purpose in aiding the physicians of the state in being informed of the progress in medicine, and of passing on to their

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patients better medical services. The Committee is indeed grateful for the interest and active support of all of the members of the Michigan State Medical Society.

Respectfully submitted,

H. H. CUMMINGS, M.D., *Chairman*
E. I. CARR, M.D., *Vice Chairman*
C. F. BRUNK, M.D.
B. R. CORBUS, M.D.
G. J. CURRY, M.D.
C. P. DRURY, M.D.
W. B. FILLINGER, M.D.
A. C. FURSTENBERG, M.D.
C. B. GARDNER, M.D.
C. L. HESS, M.D.
R. H. HOLMES, M.D.
H. A. KEMP, M.D.
R. S. MORRISH, M.D.
R. H. PINO, M.D.
H. M. POLLARD, M.D.
P. A. RILEY, M.D.
J. M. ROBB, M.D.
W. R. TORGERSO, M.D.
J. J. WALCH, M.D.

ANNUAL REPORT OF COMMITTEE ON RURAL HEALTH, 1946-47

The Committee on Rural Health held three meetings during the past year, on September 23, 1946, and on April 9 and June 2, 1947. Other informal meetings were held by members of the committee with various representatives of health and lay organizations interested in better distribution of medical care in rural areas.

In our Committee efforts to solve the need for medical care which exists in Michigan in certain rural areas, the Committee's activities centered primarily on discussion of the following five items:

1. *Michigan Rural Health Conference.*—The first annual Michigan Rural Health Conference is scheduled for September 18-19 at Michigan State College, East Lansing. It will gather together all farm groups, county agents, local health officers, supervisors, farm security administration representatives, health groups, representatives of eleemosynary institutions, and other organizations interested in rural health. The Conference will be sponsored by the Michigan State Medical Society, in co-operation with twenty-seven other health and lay organizations. Its publicity and public relations should do much to increase interest in rural medical practice and to impress upon the public the major part in this activity being taken by the medical profession of Michigan.

2. *Michigan Rural Health Survey.*—The Committee studied the possibility of a survey of medical needs in rural areas under a plan prepared by the Michigan State College Social Research Service. Such a survey would complement the Michigan Hospital Survey and would serve three purposes: obtain an accurate account of the need for medical care in rural and small town areas; obtain the amount of care being given by healers other than doctors of medicine; service as an educational project for acquainting a large segment of the population with their individual needs for medical care and the various means to obtain it.

The survey would require some three years and cost approximately \$15,000 per year. Your Committee on Rural Health approved the project, and recommended co-operation by the Michigan State Medical Society. It is gratifying to know that The Council indorsed this recommendation.

3. *Federal Hospital Survey and Construction Act and Its Michigan implementation under House Bill 451 of 1947.*—This legislation definitely will aid rural communities with a \$2,000,000 per annum grant from the

federal government matched by \$4,000,000 per year from local units, a hospital building program in rural communities of \$6,000,000 per annum. Hospitals will be built to attract physicians to areas where medical care is inadequate so that the doctor of medicine can practice where modern medical facilities are present. A definite need for family practitioner of medicine service is needed now, since they are not being provided in adequate amounts, and as the result, substandard care by healers other than doctors of medicine is replacing the family physician in rural areas. The implementation of the Federal Hospital Construction Act (Michigan's H.B. 451) was passed by the 1947 Legislature. It will definitely aid this committee in its work of interesting more doctors of medicine to practice in rural areas by giving them an adequate workshop.

4. *Survey of X-ray and Laboratory Needs.*—The Committee recommended to The Council that a survey of x-ray and laboratory needs be made with the objective of finding some solution in supplying these needs to better rural medical service. The work of the Kellogg Foundation in establishing x-ray and pathology equipment in rural communities was investigated thoroughly by the Committee.

5. *Lectures on Rural Medical Practice to Senior Medical Students.*—Your Committee recommended that a rural practitioner of medicine present one of the six lectures on medical economics, stressing the advantages of rural practice, to the senior medical students at the two Michigan medical schools. This recommendation has been adopted.

Other activities aimed to better distribute medical care in rural areas: (a) The Committee recommended to Michigan Hospital Service-Michigan Medical Service that they make a concerted effort to increase enrollment in rural and small-time communities at the earliest possible moment. In addition, this Committee recommended to MHS (through the MSMS Council) the inclusion of hospital service for obstetrical cases in its direct-pay plan contracts, and that if necessary, it limit such service to \$50.

(b) The Committee discussed scholarships for prospective doctors who would practice in rural areas, which subject is still under consideration.

The idea of preceptorships to be carried out in Michigan under the Wisconsin Plan was recommended as a possibility for increasing interest in rural medical practice.

Respectfully submitted,

H. B. ZEMMER, M.D., *Chairman*
R. J. HUBBELL, M.D.
W. H. HURON, M.D.
JOHN RODGER, M.D.
E. R. WITWER, M.D.

ANNUAL REPORT OF COMMITTEE ON INDUSTRIAL HEALTH, 1946-47

The Committee on Industrial Health held no formal meetings during the year. Unsuccessful attempts were made to continue the jointly sponsored in-plant meetings inaugurated last year. These meetings were sponsored by the Committee on Industrial Health, the local medical society and a large manufacturer which served as host.

In spite of the fact that no meetings were held, the Medical Society, through its industrial health committee, was alert to new developments in the field, particularly with respect to health and welfare programs.

In August, the chairman of the committee accompanied Jay C. Ketchum, Executive Vice President of Michigan Medical Service, to Williamson, West Virginia, to attend a meeting called by the "Association of Mine Physicians" to discuss the health and welfare proposals of the "National Bituminous Wage Agreement." The

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chairman also attended the seventh annual meeting of the Council on Industrial Health of the American Medical Association in Boston, September 30-October 2. Rear Admiral Joel T. Boone, U.S.N.; Mr. Boris Stern, U. S. Department of Labor; and Mr. Andrew Fletcher, Vice President of the St. Joseph Lead Company, discussed the various aspects of health and welfare clauses.

The regional in-plant meetings mentioned above are an excellent means of bringing the industrial physician and the private practitioner together to discuss mutual problems and actually to inspect the working environment of the industrial worker. These meetings are worthy of repetition.

Respectfully submitted,

K. E. MARKUSON, M.D., *Chairman*
H. H. GAY, M.D., *Vice Chairman*
A. L. BROOKS, M.D.
W. P. CHESTER, M.D.
HENRY COOK, M.D.
W. A. DAWSON, M.D.
W. B. HARM, M.D.
J. E. LIVESAY, M.D.
V. S. LAURIN, M.D.
J. D. MILLER, M.D.
C. D. SELBY, M.D.
H. T. SETHNEY, M.D.
L. E. SEVEY, M.D.
M. W. SHELLMAN, M.D.
E. C. SITES, M.D.
F. B. WILLIAMSON, M.D.

ANNUAL REPORT ON SCIENTIFIC RADIO COMMITTEE, 1946-47

During 1947, fifteen-minute radio broadcasts have continued at weekly intervals over WJR, Detroit. They have been rebroadcast over WKAR, East Lansing, and WMIQ, Iron Mountain. As in the past these programs originated at the campus of the University of Michigan with the exception of a few talks which were given from the main studios of WJR in Detroit.

It is now possible to transcribe the talks prior to the time of broadcast, thereby making it more convenient for the individuals presenting the talks.

The subject matter has been varied, an effort being made to include several talks in each field of medicine. Four speeches were presented by members of the Cancer Control Committee of the Michigan State Medical Society. Suggestions were made by the MSMS Preventive Medicine Committee regarding suitable subjects.

It is hoped that next year this radio series can include a wider representation of the Michigan State Medical Society in presenting subjects of their interest.

Respectfully submitted,

H. M. POLLARD, M.D., *Chairman*
J. H. McMILLIN, M.D.
R. W. MEREDITH, M.D.
F. R. REED, M.D.
G. M. WALDIE, M.D.
F. A. WEISER, M.D.
L. J. MORAND, M.D.
H. A. KEMP, M.D.
R. M. MCKEAN, M.D.
J. S. DETAR, M.D.

ANNUAL REPORT OF COMMITTEE ON MEDICAL ECONOMICS, 1946-47

In January, 1946, an arrangement was made with the Medical Schools of Wayne University and the University of Michigan whereby a series of lectures could be given to medical students on Medical Economics, and to explain also the aims and purpose of membership in a medical society.

The first lectures, two in number, were given before the Seniors of Wayne University, but the college year was nearing its close, and no more could be given at

AUGUST, 1947

that time. Later in the year four lectures were given to the Senior class at the University of Michigan, and repeated later for the Juniors. The response to these talks was so encouraging that it is the opinion of your Committee they should be enlarged upon, and given in greater number. The co-operation of the Deans of the two schools has been excellent and helpful, and they have arranged to meet with this committee sometime after the fall semester begins, to plan for more lectures.

This is organized medicine's opportunity to tell its aims and objectives to the developing doctor while he is still in the formative stage, and it is the opinion of this Committee that such opportunity should be taken advantage of to its fullest measure, and continued as a part of future training to all medical students.

Those who gave of their time to present these lectures were:

Wilfrid Haughey, M.D. J. S. DeTar, M.D.
John Rodgers, M.D. L. F. Foster, M.D.
Jackson Livesay, M.D. R. S. Morrish, M.D.

Respectfully submitted,

R. S. MORRISH, M.D., *Chairman*
WILFRID HAUGHEY, M.D.
L. F. FOSTER, M.D.

ANNUAL REPORT OF SPECIAL COMMITTEE ON RADIO, 1946-47

The Special Committee on Radio had several meetings early in the year. The last several months its only job has been reading and censoring the material on Hack's Shoe Store program over Radio Station CKLW. This program has been a variety of medical subjects written by Detroit's doctors of medicine. As far as we know, this program has been favorably received as we have received no complaints.

Respectfully submitted,

CLARENCE L. CANDLER, M.D., *Chairman*
A. S. BRUNK, M.D.
P. L. LEDWIDGE, M.D.

ANNUAL REPORT OF COMMITTEE ON POSTWAR EDUCATION, 1946-47

Your sub-committee on Postwar Education has had no occasion to function during this past year.

The work of this committee was taken over a long time ago by the Committee on Postgraduate Medical Education, and I advise, as I advised last year, that this committee be discontinued.

Respectfully submitted,

B. R. CORBUS, M.D., *Chairman*
G. J. CURRY, M.D.
J. M. ROBB, M.D.
W. H. MARSHALL, M.D.
O. W. LOHR, M.D.
L. V. RAGSDALE, M.D.
H. H. CUMMINGS, M.D.

ANNUAL REPORT OF MSMS DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION, 1947

The Annual Report of the Delegates to the American Medical Association will be presented verbally at the first meeting of the MSMS House of Delegates.

Michigan's Department of Health

WM. DE KLEINE, M.D., Commissioner, Lansing, Michigan

VACATION CASUALTIES

Those who will vacation in Michigan were warned in June to anticipate 1,000,000 vacation casualties in the state this summer. Newspapers and radio co-operated with the department in calling attention to the major hazards of overexposure to the sun, overexertion, swimming, boating, poison ivy and the possibility of contaminated milk, water and food supplies.

SMALLPOX APPEARS IN STATE

Michigan's first case of smallpox in seven months was reported from Lenawee county early in June. It was a hardware dealer who lives in Hudson near the Hillsdale county line. How he contracted the disease was not immediately learned. The department issued its third warning that the residents of this state are not sufficiently immunized against the disease.

COUNTING POLLEN GRAINS

The Department's seventh annual pollen survey to advise Michigan summer residents of the concentration of ragweed pollen got under way in 48 collecting stations in the state July 1. The period having the greatest concentration of ragweed pollen is from August 15 until the first killing frost. Approximately 1,000 reports on individual collecting stations are made to various newspapers and radio stations each day.

RAPID TREATMENT CENTER THREE YEARS OLD

More than 7,800 patients have been treated for venereal disease in the Michigan Rapid Treatment Center, Ann Arbor, in the three years since it was established. Only two per cent of the patients have been readmissions. About 58 per cent of those treated are men and 55 per cent of those treated are under twenty-five years of age. The Center had been open three years, July 5.

TOURIST RESORTS INSPECTED

Ten sanitary engineers have been added to the staff of the Department for the summer to conduct the resort sanitation program for the protection of vacationists and tourists. They will work primarily in counties where there are no health departments. Other engineers from the department as well as from city, county and district health departments are co-operating in the work which is conducted annually. Resorts, hotels, children's camps, tourist and trailer camps and other recreational centers which bid for tourist trade will be inspected. Water supplies, sewage disposal methods, food and milk supplies and handling, swimming places and other resort facilities will be checked. "Safe For Drinking" signs will be posted where water is safe and "Sanitation Approved" signs will be posted where it is safe to stop to eat or rest.

TUBERCULOSIS NEAR AVERAGE

Tuberculosis took the lives of nearly twice as many men as women in Michigan in 1946. Male deaths due to tuberculosis were 1,214, and female deaths, 629. Forty-five per cent of female tuberculosis deaths occurred among women under thirty years of age, while 49 per cent of male tuberculosis deaths occurred in men above sixty years of age.

Of the total of 1,843 deaths attributed to tuberculosis, sixty-four were of children under five years of age and twenty were of children under one year. The death rate from tuberculosis is 33.4 per hundred thousand population and is near the five-year average of 32.6 per hundred thousand population. Tuberculosis is the seventh cause of death among men and the eighth cause of death among women in this state.

SWIMMERS ITCH PROGRAM CONTINUED

To protect vacationists at Michigan's lakes from swimmers' itch, the snail eradication program of the Michigan Stream Control Commission got under way in June for its eighth consecutive year. The Commission furnishes men and chemical distributing equipment to treat shorelines where property owners or communities request the service and furnish the chemicals.

RABIES VACCINATION

Governor Sigler has signed a bill which permits the board of supervisors in counties quarantined for rabies to require vaccination of a dog for rabies within a year before the dog is issued license.

HEALTH DEPARTMENT LAW PASSED

The nine per cent of Michigan's population which does not have the services of a local health department may now take the initiative in getting them. Under new legislation, a petition signed by five per cent of the electors of the county can require the board of supervisors to place the question of establishing a health unit on the ballot at the next general election. A favorable majority vote can require the establishment of the department. Only 12 counties in the state do not have local services.

VIVISECTION LAW PASSED

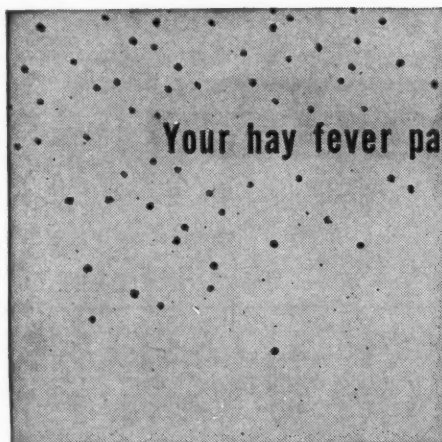
Governor Sigler signed into law a bill which insures humane use of animals for experimental purposes and production of biologics under rules laid down by the State Health Commissioner with the approval of an advisory council appointed by the Governor. The bill also requires that all animals kept or used for experimental purposes be registered with the State Health Commissioner.



Benzedrine Inhaler, N. N. R.

"... is quite effective in the clearing of nasal congestion due to allergy or infection."

Feinberg, S. M.: Allergy in Practice, Chicago, The Year Book Publishers, Inc., 1944, p. 502.

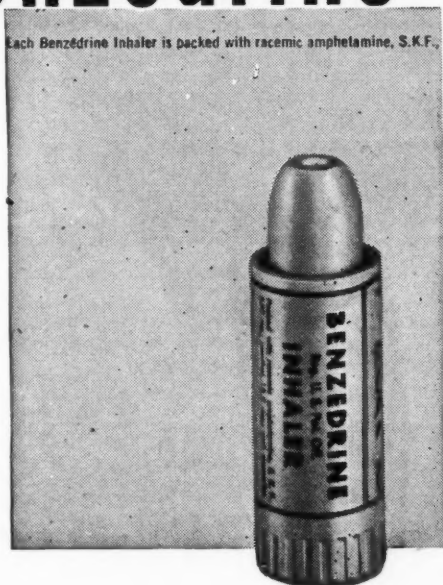


Your hay fever patients will be grateful... particularly between office visits... for the relief of nasal congestion afforded by Benzedrine Inhaler, N. N. R. The Inhaler may make all the difference between weeks of acute misery and weeks of comparative comfort.

Benzedrine Inhaler



Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 250 mg.; menthol, 12.5 mg.; and aromatics.



a better means of nasal medication

Smith, Kline & French Laboratories
Philadelphia, Pa.



What's What

Carl C. Birkelo, M.D., Detroit is co-author of an original article "Tuberculosis Case Finding" which appeared in JAMA of February 8, 1947.

* * *

O. D. Stryker, M.D., Fremont, MSMS Councilor, has been appointed the first health officer of Macomb County.

* * *

Henry J. Vanden Berg, M.D., F.A.G.S., of Grand Rapids, is the author of a paper, "Diagnosis and Therapy of Simple Cysts of the Breast," published in *Surgery, Gynecology and Obstetrics*, August, 1946, pages 239-242.

* * *

The Mississippi Valley Medical Editors' Association will hold its fourth meeting at Hotel Burlington, Burlington, Iowa, on October 1, during the meeting of the Mississippi Valley Medical Society in that city. For copies of detailed program write Secretary Harold Swanberg, M.D., 209 W.C.U. Bldg., Quincy, Ill.

* * *

The American College of Allergists announces its autumn graduate instructional course in allergy, scheduled for Cincinnati, Ohio, November 3-8 at the Musical College of the University of Cincinnati. For complete in-

formation write Secretary Fred W. Wittich, M.D., 423 LaSalle Medical Building, Minneapolis 2, Minnesota.

* * *

Detroit's newest hospital, Holy Cross Hospital, 4777 E. Outer Dr., Detroit, elected the following staff officers for the year beginning June 1, 1947: Chief of Staff, Henry J. Kehoe, M.D.; President, Russell E. Lynch, M.D., President-Elect, E. K. Isbey, M. D.; Secretary, E. J. Zabinski, M.D., and Treasurer, Peter Iacobell, M.D.

* * *

E. E. Sladek, M.D., Traverse City, Chairman of The Council of the Michigan State Medical Society, was honored in Atlantic City on June 11 by being made Vice Chairman of the Associated State Postgraduate Committees of the United States.

Congratulations, Dr. Sladek!

* * *

Robert M. Eaton, M.D., Grand Rapids, won the top prize offered by the American Association for Thoracic Surgery, in St. Louis, for his paper "Pulmonary Edema: Experimental Observation on Dogs following Acute Peripheral Blood Loss." Dr. Eaton was awarded the Rose Lampert Graff Foundation Prize of \$250.

Congratulations, Dr. Eaton!

(Continued on Page 976)

INTERNATIONAL SURGICAL ASSEMBLY

UNITED STATES CHAPTER, INTERNATIONAL COLLEGE OF SURGEONS

PALMER HOUSE, CHICAGO, SEPT. 28, 29, 30, - OCT. 1, 2, 3, 4, 1947

President, Herbert Acuff, Knoxville, Tenn.; President-Elect, Custis Lee Hall, Washington, D. C.; Secretary, L. J. Garipey, Detroit, Mich.; Chairman of Assembly, Raymond W. McNealy, Chicago.

ALL MEDICAL MEN AND WOMEN IN GOOD STANDING CORDIALLY INVITED

Intensive Clinical and Didactic Program by World Authorities

Cook County Hospital Day—Friday, October 3, 1947—9 a.m. to 5 p.m.
Special Chicago Hospital Clinics (21)—Saturday, October 4, 1947

Special Events—October 1, 1947—BANQUET—Palmer House Ballroom—6:30 p.m.
October 2, 1947—DEDICATION of Home of US Chapter of ICS—8 p.m.
October 3, 1947—CONVOCATION—Stevens Hotel Ballroom—8 p.m.

Following is a list of members of the profession who will take part in the program.

Adson, Alfred W., Rochester, Minn.	Furlong, Thomas, Ardmore, Pa.	McKittrick, Leland S., Boston, Mass.
Anderson, Roger, Seattle, Wash.	Gillis, Leon, Roehampton, England	Nissen, Rudolph, New York, N. Y.
Bailey, Hamilton, London, England	Greenhill, J. P., Chicago, Ill.	Novak, Emil, Baltimore, Md.
Bartlett, Willard, Jr., St. Louis, Mo.	Hughes, Basil, Cornwall, England	Oberhelman, Harry A., Chicago, Ill.
Bates, Wm., Philadelphia, Pa.	Ivanishevich, Ambassador Oscar,	Potts, Willis J., Chicago, Ill.
Blady, John V., Philadelphia, Pa.	Buenos Aires	Pick, John F., Chicago, Ill.
Berg, Albert A., New York, N. Y.	Ivy, Andrew C., Chicago, Ill.	Rios, J. Almeida, Rio de Janeiro,
Callahan, James J., Chicago, Ill.	Jackson, Arnold, Madison, Wis.	Brazil
Cannaday, John E., Charleston, W. Va.	Jackson, Chavalier L., Philadelphia, Pa.	Roman, Desiderio, Philadelphia, Pa.
Cole, Warren, Chicago, Ill.	Jenkins, Hilger Perry, Chicago, Ill.	Rosser, Curtice, Dallas, Texas
Collins, Donald C., Hollywood, Calif.	Lewins, Philip, Chicago, Ill.	Sisson, August Maria, Porto Alegre,
Compere, Edward L., Chicago, Ill.	Lodge, Wm. Oliver, Halifax, England	Brazil
Cope, Zachary, London, England	Lord, Jere, Jr., New York, N. Y.	Spain, Alex W., Dublin, Ireland
Counseller, Virgil, Rochester, Minn.	Lovelace, W. R. II, Albuquerque,	Stein, Irving F., Jr., Chicago, Ill.
Chandler, Fremont A., Chicago, Ill.	New Mex.	Steindler, Arthur, Iowa City, Iowa
Crossman, L. W., New York, N. Y.	MacCarty, Wm. Carpenter, Sr.,	Swanson, Admiral Clifford, Washing-
Darget, Prof., Raymond, Bordeaux,	Rochester, Minn.	ton, D. C.
France	Mandl, Prof. Felix, Jerusalem,	Argentina-Watts, James W., Wash-
Douglass, Fred, Toledo, Ohio	Palestine	ington, D. C.
Dragstedt, Lester, Chicago, Ill.	Maxeiner, Stanley R., Minneapolis,	White, Charles, Washington, D. C.
Falls, Frederick, Chicago, Ill.	Minn.	

Hotel Headquarters, Palmer House, Chicago—FOR HOTEL RESERVATIONS write Dr. Francis D. Wolfe, Chairman, Housing Committee, International College of Surgeons, 33 North LaSalle St., Chicago 2, Illinois.

Any doctor of medicine who uses surgery in his practice will find this meeting of great value. A program will be mailed to every member of the medical profession in good standing in the United States and Canada upon request to the Secretary about September 10.

COMPREHENSIVE SCIENTIFIC AND TECHNICAL EXHIBIT. SPECIAL ENTERTAINMENT FOR THE LADIES

CURD TENSION

*Consistently
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A CLINICAL ADVANTAGE IN FEEDING THE PREMATURE

Because Similac, like breast milk, has a *consistently zero* curd tension, it can be fed in a concentrated high-caloric formula without fear of increased curd tension and lengthened digestive period. Hence, premature infants unable to take a normal volume of food may safely be fed a concentrated Similac formula supplying as much as *double* the caloric value (per ounce) of the normal dilution. The use of a concentrated formula often avoids serious loss of weight and inanition in the premature infant, and permits a more rapid return to normal weight gain.

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(Continued from Page 972)

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Luxurious fur felt with a qual-
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brim. In Fall color blends, it's a
recommended investment at . . .

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The Upper Peninsula Medical Society meeting of June 27-28 at the Four Seasons Club, Pembine, featured the following speakers: F. A. Collier, M.D., Ann Arbor; Hardy A. Kemp, M.D., Detroit; C. G. Johnston, M.D., Detroit; Joseph W. Gale, M.D., Madison, Wisconsin; Raymond W. Waggoner, M.D., Ann Arbor, and M. E. Davis, M.D., Chicago.

* * *

J. O. Thomas, M.D., of North Branch, and H. E. Randall, M.D., of Flint, were guests of honor at a banquet given Thursday evening, May 22, by the Lapeer County Medical Society, in honor of their completion of fifty years of service in the practice of medicine.

R. W. Waggoner, M.D., Ann Arbor, was speaker of the evening. More than fifty guests were present at the meeting.

* * *

The Detroit Dermatological Society on May 20, 1947, elected the following officers for the year 1947-1948: President, Arthur C. Curtis, M.D., First National Bank Building, Ann Arbor; President-Elect, C. E. Reyner, M.D., Ford Hospital, Detroit; Secretary-Treasurer, Herbert H. Holman, M.D., 2010 David Broderick Tower, Detroit, and Recorder, Herman Pincus, M.D., 120 Maple Boulevard, Detroit.

* * *

William G. Wight, M.D., who has practiced in Yale, Michigan, for over 50 years, was honored in the WJR (Detroit) broadcast "In Our Opinion" of June 29. The WJR News Director, George Cushing, went to Yale with the program, which indicated the important role such a man as Dr. Wight plays in his community. Assisting in the broadcast were a group of Dr. Wight's young and old patients and his son, Frederick B. Wight, M.D., of Detroit.

* * *

World War II Veterans who have decided upon a medical career and desire to learn their possibilities of success are being given a six-part scholastic text provided by the Veterans Administration. The veteran is given a preliminary sheet and a four-page booklet to read, after which questions on the technical material therein are asked. The booklet is divided into six sections: Scientific Vocabulary; Premedical Information; Visual Memory; Memory for Content; Comprehension and Retention; and Understanding of Printed Material.

* * *

The Board of Examiners in Basic Sciences announces its next examinations will be held October 10 and 11, simultaneously in Detroit and Ann Arbor. The following states have full reciprocity with Michigan's Board of Examiners in Basic Sciences: Arizona, Minnesota, and Nebraska.

The following have partial reciprocity with Michigan's Basic Science Board, in that the Michigan Board recognizes five of the subjects examined in the following states, but requires the applicant to take an examination in the

(Continued on Page 980)



AN EXCELLENT FIRST CEREAL

*and well liked
at any age*

Malt-o-Meal meets every requirement for a first infant cereal food—a well rounded nutritional composition, blandness, easy digestibility, creamy smooth consistency, and absence of residue. It provides not

only the nutrients ordinarily found in a wheat cereal, but also notable amounts of added thiamine, riboflavin, niacin and iron. Its freedom from grittiness and large particles makes Malt-o-Meal readily accepted by infants whose well developed lingual tactile sense promptly detects objectionably large particles. Older children and adults especially enjoy the delightful taste of this wheat cereal flavored with toasted malt. Malt-o-Meal is eaten with gusto by children, and merits inclusion in any well rounded breakfast.

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Malt-o-Meal



Malt-o-Meal, an enriched wheat cereal flavored with toasted malt, provides per ounce (dry weight), 0.29 mg. of thiamine, 0.13 mg. of riboflavin, 1.09 mg. of niacin, and 2.00 mg. of iron. Thus Malt-o-Meal provides appreciably more thiamine, riboflavin, and iron than does whole wheat, and 78% of the niacin content of whole wheat.

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A vaginal capsule to as-
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(Continued from Page 976)

sixth subject in Michigan, before receiving his certificate: Arkansas, Colorado, New Mexico, Oklahoma, Oregon, Rhode Island, and South Dakota.

* * *

The St. Clair County Medical Society acted as host at St. Clair Inn, St. Clair, Michigan, on June 20, at its annual spring meeting. Speakers on the program were Jean Paul Pratt, M.D., Detroit, and L. R. Haas, M.D., Ann Arbor.

The Society honored five of its members who have been in practice fifty years or more, on the occasion of the dinner following the Clinic: A. B. Armsbury, M.D., Marine City; J. A. Attridge, M.D., Port Huron, A. L. Callery, M.D., Port Huron; C. McCue, M.D., Goodells; and W. G. Wight, M.D., Yale.

T. E. DeGurse, M.D., Marine City, Councilor of the Seventh District, acted as Toastmaster.

* * *

"It is true that a human life is priceless, and that discovery of a case of cancer in a curable stage is worth any amount of money and effort. But this philosophy can be applied to only one person. If you apply it to everybody, you run into the difficulty that time and money are available in only finite amounts and must be allocated to all the other essential things of living.

"At present, cancer detection clinics must be looked on as pilot plants to explore: (a) the statistical success attainable in detection, and (b) the amount of medical talent available to be deviated to this effort."—R. R. NEWELL, M.D., in *Monthly Newsletter* of American College of Radiology, July, 1947.

* * *

Students for Rural Medicine.—The Liaison Committee of the Michigan State Medical Society with President Ruthven, met in Lansing June 19, 1947, when a report was given on the appropriation made by the Georgia Legislature to encourage farm boys to study medicine and to practice in rural areas for five years following medical graduation.

The recent survey of Michigan hospitals was discussed.

Dean O. C. Furstenberg reported on the following activity of the University of Michigan Medical School:

- 1,164 students in the Medical School.
- 787 Doctors of Medicine are taking intramural courses in Ann Arbor.
- 1,830 Doctors of Medicine are attending extramural courses.
- 119 research projects are under way.
- 700-800 patients are being served in the University hospital.

The problem of general practice and how to make it more attractive for young men was generally discussed. Dr. Furstenberg stated that the decentralization program of medical education of specialists is now under way with the accrediting of certain out-of-state hospitals for the education of the young men. Sixteen hospitals are prepared to serve specialists and eighteen hospitals are ready to give a good two-year residency, six months of the twenty-four being given at the University for the study of the basic sciences. Dr. Furstenberg reported

(Continued on Page 984)

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AUGUST, 1947

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(Continued from Page 980)

that 30 per cent of the graduates in the University of Michigan Medical School were interested in general practice, provided the University gives them hospital facilities and training opportunities.

* * *

Hospital Survey and Construction Act.—The Michigan Implementation Bill (H.B. 451) of the U. S. Hospital Survey and Construction Act, which bill was passed by Michigan's 1947 Legislature, contains the following important features:

1. An appropriation of \$25,000 for purposes of administering the Act.
2. An office of Hospital Survey and Construction to be established in the executive branch of the state department.
3. Administration of the act by a full-time salaried director appointed by the Governor.
4. Creation of a Michigan Hospital Advisory Council to advise and consult with the Director in carrying out provisions of this Act.

The Director is authorized—

- (a) To make an inventory of existing hospitals, to survey the need for construction of hospitals, and on the basis of such inventory and survey, to develop a plan for the construction of hospitals which will, in conjunction with existing facilities, afford necessary facilities for furnishing adequate hospital, clinic and similar services to all people of the state.
- (b) To submit the plan or program for hospital construction to the Surgeon General, after adequate publicity and hearings, for his approval.
- (c) To prescribe minimum standards for maintenance and operation of hospitals which receive federal aid.
- (d) To receive applications which conform with federal requirements.
- (e) To review the construction program from time to time and submit modifications of State Plan, not inconsistent with requirements of the federal act, as he may deem advisable.
- (f) To inspect and certify payment for construction in accordance with approved plans and specifications.

* * *

Welcome, Doctor!

The Michigan State Medical Society is happy to welcome the following newly elected members reported during the month of May, 1947, from the indicated component county medical societies:

Eaton County—Herman Van Ark, M.D., Eaton Rapids.

Grand Traverse-Leelanau-Benzie Counties—George S. Evseef, M.D., Traverse City; John D. Whitehouse, M.D., Traverse City.

Ingham County—John A. Cowan, M.D., Lansing; Pearl Hackman, M.D., Lansing.

Ionia-Montcalm Counties—Harold E. Reid, M.D., Belding; Robert E. Rice, M.D., Greenville.

Kent County—G. Donald Albers, M.D., Grand Rapids; Marenus Beukema, M.D., Grand Rapids; Law-

(Continued on Page 988)

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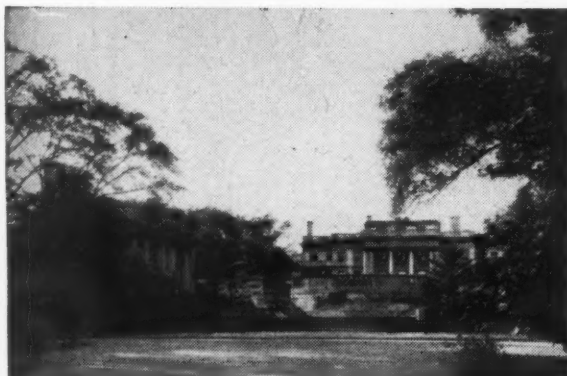
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(Continued from Page 984)

rence Bruggers, M.D., Grand Rapids; George Fahlund, M.D., Grand Rapids; Kenneth Gamm, M.D., Grand Rapids; Lawrence Hayes, Jr., M.D., Howard City; Robert E. Kelly, M.D., Grand Rapids; Chester M. Sidell, M.D., Grand Rapids; Robert B. Smith, M.D., Grand Rapids.

Shiawassee County—James Dillon, M.D., Perry.

Washtenaw County—John F. Preston, M.D., Ann Arbor; Herbert T. Schmale, M.D., Ann Arbor.

* * *

New features of the Afflicted Crippled Children laws, as amended by the 1947 Michigan Legislature:

1. The doctor of medicine shall send itemized bills direct to the Michigan Crippled Children Commission, Hollister Bldg., Lansing (not through the hospital, as in the past).

2. The Auditor General forwards the doctor's check for services to his professional address (not to the hospital, as in the past).

3. The top limitation on medical fees is ninety dollars, a twenty per cent increase (payable in those counties where the local governmental fee schedule is not less than the MCCC fee schedule.)

4. Doctors of Medicine shall bill the Commission within 60 days of the date services are rendered; bills received by the Commission after 60 days cannot be paid legally.

The new amendments to the Afflicted-Crippled Children Acts become effective October 11, 1947.

* * *

HEARINGS ON S. 545

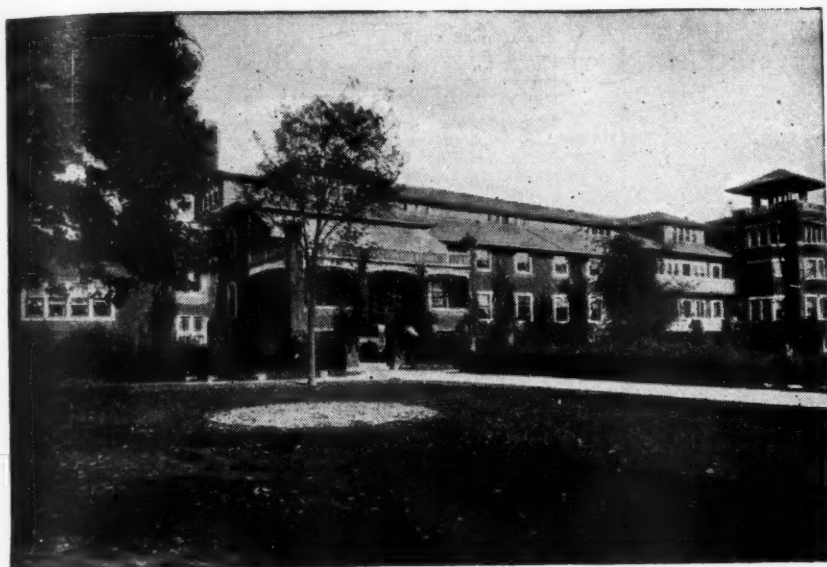
(Continued from Page 904)

services rendered, issues checks in payment therefor, advancing its own funds (to the extent of \$341,248.50 on 3/31/47,) maintains permanent records of service reports on microfilms, compiles, maintains and reports to Internal Revenue Department payments to individual physicians.

Billings to the Veterans Administration are made daily in the form required by the Veterans Administration.

Many other smaller incidental operations are carried on in connection with the Veterans Administration Program. It is submitted that the expense of the program to the Veterans Administration is less than would be possible otherwise to secure the same results, that Michigan Medical Service has billed considerably less than the expense percentage allowable, and as the program develops even that per cent will be reduced. The program has been criticized for making possible abuse through excessive utilization of services. It is interesting to note that from March 1, 1946, through August 31, 1946 of 31,060 treatments authorized by Veterans Administration through Michigan Medical Service, 66.13 per cent or 20,539 were rendered, 8.94 per cent or 2,777 were not presented to the physician by the veteran and 24.93 per cent or 7,744 were canceled unused by the physician as not required.

Examinations for pension or disability rating purposes are entirely under the control of the Veterans Administration and do not lend themselves to abuse by the physician.



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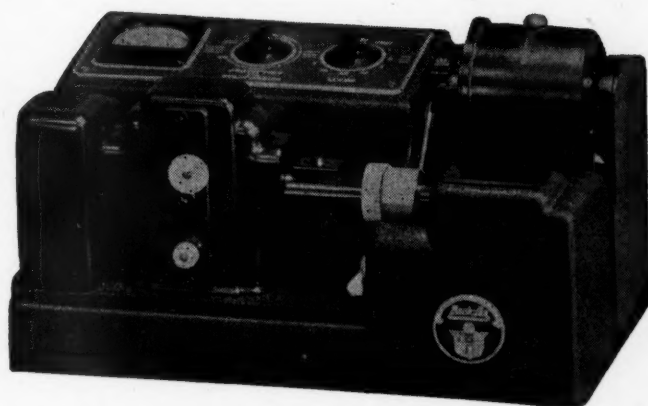
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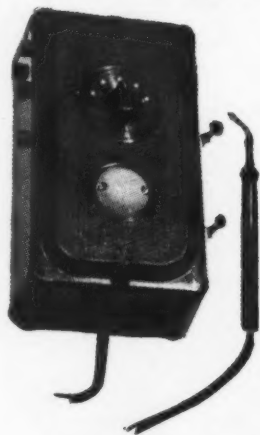
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Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.

A TEXTBOOK OF PATHOLOGY. By E. T. Bell, M.D., Professor of Pathology in the University of Minnesota, Minneapolis, Minn. Contributors B. J. Clawson, M.D., Professor of Pathology in the University of Minnesota; J. S. McCartney, M.D., Associate Professor of Pathology in the University of Minnesota. Sixth edition, enlarged and thoroughly revised. With 500 illustrations and 4 color plates. Philadelphia: Lea & Febiger, 1947. Price \$10.00.

Bell's sixth edition of his Textbook of Pathology has been extensively revised and new material added on tropical diseases as the result of war interest. Also vitamin deficiencies have a greater interest. The text is designed primarily for students, but holds complete interest for the practitioner. It is a well-prepared book, and is a recognized standard reference. It is a general pathology, giving comparatively little to the special fields of practice, such as eye, ear, nose and throat. Those looking for such special pathology will find other sources. An excellent general text.

DISEASES OF THE CHEST WITH EMPHASIS ON X-RAY DIAGNOSIS. By Eli H. Rubin, M.D., F.A.C.P., Attending Physician, Division of Pulmonary Diseases, Montefiore Hospital And Country Sanatorium, New York; Visiting Physician in Tuberculosis and Physician-in-charge, Chest Clinic, Morrisania City Hospital, New York. 685 pages, with 355 illustrations (24 plates in color). Philadelphia and London: W. B. Saunders Company, 1947. Price \$12.00.

This book is written for general practitioners, tuberculosis specialists and x-ray men, giving them the practical things in diseases of the chest. Hundreds of chest pictures are given and analysed. Clinical features are correlated with chest findings and x-ray examinations. Diagnosis and treatment are quite extensively covered. Seemingly, there are references for every feature and fact mentioned.

A beautifully printed and profusely illustrated book. A credit to the shelves of every doctor interested medically or surgically in the chest.

SURGICAL PATHOLOGY. By William Boyd, M.D., M.R.C.P., Edin., F.R.C.P. Lond., M.D. Oslo, F.R.S.C. Professor of Pathology, The University of Toronto. Sixth Edition with 530 illustrations including 22 Color Figures. Philadelphia and London: W. B. Saunders Company, 1947. Price, \$10.00.

Advances in surgical and medical knowledge which resulted from the war years form important new additions to the sixth edition of Boyd's popular textbook for students and practitioners. An entirely new section has been added dealing with the pathology and pathological physiology related to the surgical treatment of congenital heart disease. The pathology of wounds and infections has been dealt with in a more comprehensive manner.

Thrombosis, thrombophlebitis and thromboembolism have occupied an important place in recent medical literature and are particularly well dealt with here with an explanation of the mode of action of Dicumarol and Heparin. The section on diseases of the thyroid gland is particularly good and includes the effect of Thiouracil on the pathological appearance of the thyroid gland, and response to its administration. Diseases of the

(Continued on Page 994)